

THE MARITAL FERTILITY OF EDINBURGH PROFESSIONALS IN THE
LATER NINETEENTH CENTURY

by

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DECLARATION

This thesis has been composed entirely by myself and is my own work.

Debbie Kemmer
1989

Contents

	Page
CHAPTER 1. INTRODUCTION	
Introduction	1
Problems of interpretation	3
Methodological problems	17
The collective case study approach	19
CHAPTER 2. MARITAL RELATIONSHIPS AND THE MIDDLE CLASSES	
Introduction	26
Class and gender and the formation of sexuality in the Victorian period	27
CHAPTER 3. METHODOLOGY	
Introduction	39
The professionals	40
Marital relationships	43
Measuring family size	44
Qualitative data on individual families	52
CHAPTER 4. PROFESSIONS, PROFESSIONALISM, PROFESSIONALIZATION AND FAMILY LIMITATION	
Introduction	56
Professionalization in the nineteenth century	57
Education for the professions	69
The meaning of professionalism in nineteenth century Scotland	73

CHAPTER 5. PROFESSIONALS, MARITAL RELATIONSHIPS AND FAMILY LIMITATION	80
Incentives to limit family size	81
Means of birth control, their effectiveness and acceptability	84
CHAPTER 6. FAMILY RECONSTITUTIONS	
The data	103
Occupation and status	105
Age of wife at marriage	108
Family size	109
Spacing and stopping	115
Examining individual families	118
Conclusion	125
CHAPTER 7. CASE STUDIES	127
Family building patterns from first cohort	130
The second cohort	143
CHAPTER 8. CONCLUSION	155
BIBLIOGRAPHY	161
APPENDIX	179

Tables

	Page
1.1 Estimated date of 10 percent fertility decline, selected countries	2
1.2 Mean number of children born to early family limiters in England and Wales	21
1.3 Mean number of children born to early family limiters in Scotland	22
1.4 Mean number of children born to professionals in Scotland and England and Wales	23
3.1 Percentage of professionals to total employed males in the four major Scottish towns	47
6.1 Social Status Group of husband's father	108
6.2 Social Status Group of wife's father	108
6.3 First cohort family sizes	110
6.4 Second cohort family sizes	110
6.5 Age of wife at last birth	115
6.6 Last birth interval in years	115

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Chapter 1

Introduction

Introduction

During the late 1870's the British birth rate began to fall and continued to do so until around the 1930's, when the small, two to three child family we know today was becoming distinguishable as the norm. According to the Royal Commission on Population of 1948 there were nearly three million fewer children born in 1931-1941 than in 1871-1881. Couples who married in the mid-Victorian era produced, on average, five to six live births, whereas those married in 1925 to 1929 had an estimated 2.2, a reduction of sixty percent.¹

Flinn gives crude birth rates for Scotland as a whole (from Registrar General's Reports) of around 35 per thousand living from the mid nineteenth century to 1880. A significant downward trend is discernible from 1881-85 (to 33.3 per thousand), which continued until the late 1930's when the birth rate stood at 17.7.²

Similar declines in the marital fertility rate occurred throughout western Europe. In their summary of the changing distribution of fertility levels, Coale and Treadway show that a sustained decline had clearly begun in all

¹Parliamentary Papers 1948-49, Vol. XIX, "Report of the Royal Commission on Population".

²Michael Flinn, Scottish Population History (Cambridge: Cambridge University Press, 1977), p. 338

western European countries by the early 1920's. Using the criteria of a

"point ten percent below a plateau level.....in a descent of Ig that never again returned to a plateau "1

the following table shows the dates at which this decline began in selected European countries:

TABLE 1.1

Estimated date of 10 percent decline, selected countries (1900 boundaries).

<u>Country</u>	<u>Date</u>	<u>Country</u>	<u>Date</u>
Austria	1907	Italy	1913
Belgium	1881	Netherlands	1897
Denmark	1898	Norway	1903
England & Wales	1892	Portugal	1916
Finland	1912	European Russia	1922
France	1827	Scotland	1894
Germany	1888	Spain	1920
Greece	1913	Sweden	1902
Hungary	1910	Switzerland	1887
Ireland	1922	Europe (median province date)	1903

This decline in marital fertility has been extensively discussed, particularly in the context of the 'demographic transition', which is summarized by Ansley Coale in Coale and Watkins' The Decline of Fertility in Europe.² This volume is the proceedings of the Conference

¹From Table 2.1, p38 in Ansley J. Coale and Roy Treadway, "A Summary of the Changing Distribution of Overall Fertility, Marital Fertility, and the Proportion Married in the Provinces of Europe", in The Decline of Fertility, ed. Coale and Watkins. Ig is the index of the rate of childbearing by married women, relating "the number of births produced by the women in question to the number they would have produced had they experienced the highest set of birth rates by age of mother that has been reliably recorded."p33

²Ansley J. Coale, "The Decline of Fertility in Europe since the Eighteenth Century as a Chapter in Demographic History", in The Decline of Fertility in Europe, ed. Ansley J. Coale and Susan Cotts Watkins (Guildford, Princeton University Press. 1986) pp. 22-30.

on the Princeton European Fertility Project. The project commenced in 1963 because of

"the clear importance, not only for Europe, but for the world, of a basic change that had occurred in the preceding fifty to two hundred years in virtually every European province - a decline of some 50 percent in the average number of children born per woman."¹

Problems of interpretation

Demographic transition theory is essentially concerned with the relationship between the demographic changes over the eighteenth and nineteenth century and the concomitant changes in the economic and social structure. Structural explanations can be quite adequate to explain fertility declines in pre-industrial societies in which demographic patterns are directly related to the economy. For example, when the birth rate declines after an economic slump resulting in delayed marriages (until couples have the resources to set up a self-supporting household) thus reducing the number of women 'at risk' of bearing children. However, the fall in the birth rate in the later nineteenth century occurred within marriages and must be the result of changes in behaviour at the level of the marital unit. It is therefore essential that, as well as looking at those structural factors likely to condition individuals' (or couples') decisions regarding family size, we focus on the individual men and women whose fertility was low, and on their culture and ideology. Before going on to tease out the cultural and ideological components of decision making on family size, the structural context will be outlined.

¹Ansley J. Coale and Roy Treadway, "A Summary of the Changing Distribution of Overall Fertility, Marital Fertility, and the Proportion Married in the Provinces of Europe", in The Decline of Fertility, ed. Coale and Watkins. p31.

Since the fertility decline occurred at a point in British history which is recognized as being significant for the extent of industrialization and 'modernization' which had taken place, interpretations have tended to focus on these aspects of society and their influence on demographic behaviour. The term 'modernization', as used here, refers to the social and cultural adaptation to certain changes in the economic and technological infrastructure. Theories of the demographic transition (and there are many variations on the basic theme) argue that a high birth rate was inappropriate to a modern context and that families adapted by using some form of birth control.

Structural changes in the nineteenth century led to changes in the economic and social costs of having children.¹ For example: the fall in infant and child mortality resulted in less of a discrepancy between the number of children to which a woman gave birth and the number she had to bring up; decreasing opportunities for child labour (both waged and informal) coupled with compulsory schooling, meant children were an economic liability for many years; a rising standard of living led to higher expectations and the desire to maintain (or improve on) it in the face of fluctuations.²

Within the framework of 'demographic transition theory' the birth rate decline is problematic; questions need to be asked, such as: "how do

¹For a useful summary of structural influences on population size see H. J. Habakkuk, Population Growth and Economic Development Since 1750, (Leicester: Leicester University Press, 1971)

²This is a fairly complex issue; for example, the ability to equip the home with furniture and household items not previously available meant that the concept of 'necessity' shifted to include the provision of goods and furniture for each individual in the household. In this way, the relative marginal costs per child increased as expectations of comfort grew.

couples perceive the relationship between their fertility and its economic and social costs?" and "exactly how is low fertility achieved?" Many attempts to untangle the various factors affecting motivation towards, and practice of, birth control have used the notions of 'innovation' and 'adjustment' as contrasting explanations. The first suggests that birth control was never practiced before the fertility decline, the second that knowledge of methods had existed before but was not drawn upon consistently until the social and economic conditions of the late nineteenth century necessitated (or encouraged) their use. Adjustment therefore stresses the role of motivation rather than technological developments which, as Carlsson argues, are ineffective unless individuals are convinced of their benefits.¹ Thus Carlsson argues that

"one suspects that the informal, person to person mechanism of information spread is, if anything, more effective than formal and contrived campaigns."²

emphasising the importance of individual motivation.

Reworking the innovation/adjustment dichotomy, Knodel suggests that culture is an important intervening variable which weakens the link between structural change and fertility during the demographic transition.³ Knodel shows evidence that birth control was used on occasion in pre-demographic transition societies, but only as a short term measure in response to crises such as famine. Some knowledge of birth control methods, therefore, existed before the onset of the fertility decline

¹Gosta Carlsson, "The Decline of Fertility: Innovation or Adjustment Process", Population Studies (November 1966)

²Ibid., p. 173

³John Knodel, "Family Limitation and the Fertility Transition", Population Studies Vol.31 (1977)

which marks the final phase in the adoption of a modern demographic system. According to Knodel the parity dependent birth control of our period and the earlier, sporadic, birth control in response to crises, are qualitatively different kinds of behaviour, requiring different motivations and degrees of commitment. Thus although birth control may be identified as an adjustment to new social and economic circumstances, family planning can be regarded as innovative since it presupposes a thoughtful and controlled approach to parenthood throughout a couple's reproductive period. Such an approach involves new attitudes to childbearing, which implies changes at a cultural level.

In their model of the Western European fertility decline, Lesthaeghe and Wilson emphasize the causal effects of both structure and culture.¹ Their model is rather simplified, with two dependent variables: the mode of production of the family and the existence of any moral and ethical constraints on the use of birth control, linked by the society's dominant religion. The problem with this model is that, although it may seem to explain different fertility patterns of societies with strong religious identities, a closer look at the rate of decline within these societies suggests that the connection may well be spurious. Nevertheless, Lesthaeghe and Wilson's elevation of cultural factors to important variables is a major advance on cruder demographic transition theory which directly links social and economic change to fertility patterns.

¹Ron Lesthaeghe and Chris Wilson, 'Modes of Production, Secularization, and the Pace of the Fertility Decline in Western Europe, 1870-1930.' in Coale and Watkins (eds) The Decline of Fertility in Europe (Guildford: Princeton University Press, 1986).

Working within the essentially economic framework of his "wealth flows" theory, Caldwell argues that mass education, which is a cultural phenomenon, is the primary determinant of the timing of the onset of the fertility decline.¹ Similarly, Robert Woods argues that

"it appears that the decline of fertility in Europe was a process which responded to economic changes, but which operated in a context of cultural and social heterogeneity"²

and suggests that the analysis of "spatial disparities" in the spread of low fertility patterns can lead to a greater understanding of the mechanism of the fertility decline.

Problems arise because the structural perspective fails, by its very nature, to take sufficient account of the heterogeneity of the people under study and the complexities of individual decision making. This latter point is crucial; the fertility decline occurred as a result of the limitation of the numbers of children born within each family rather than of changes in nuptiality. When fertility is determined by the way in which couples behave within marriage, by abstaining from sexual intercourse, altering their sexual practices, using contraception or having abortions, our focus of study must include not only the social and economic structure of the society in which they live but also the norms and values of the individual men and women within that society since it is at this level, and largely in private, that birth control is achieved. This is not to suggest that changes in the wider society have little importance - far from it, since these changes condition behaviour - but that a range of responses is possible

¹John C. Caldwell, Theory of Fertility Decline (London: Academic Press Inc. 1982) p301

²Robert Woods, Population Analysis in Geography (London: Longman Group Ltd. 1979) p152

and the nature of the response will be culturally determined. Recent developments in the study of the fertility decline take up these issues.

Evidence from the 1911 Fertility Report was interpreted to show that it was the middle class who were the first to limit family size. A number of attempts at making sense of nineteenth century fertility have therefore focussed on middle class behaviour. Thus Banks argues in Prosperity and Parenthood that the middle class family's genteel life-style was threatened by the depression of the late nineteenth century and that in order to economize without appearing to reduce their standard of living they limited the size of their families.¹ Bound up with this change was a new attitude to children and their future, a desire for 'quality' rather than quantity. Thus, for middle class couples, the use of contraception became the norm, although its widespread adoption met with disapproval from the church and the medical profession. The prosecution of Charles Bradlaugh and Annie Besant in 1877 over the publication of a pamphlet containing contraceptive advice brought to light attitudes and practices which, according to Banks, were common among the middle class. and merely accelerated their acceptance.

Patricia Branca, on the other hand, who argues that the new status of women was the crucial factor in the middle class fertility decline, sees the trial and its surrounding publicity as having a significant influence on the spread of knowledge of female methods of contraception.² This has obvious implications for their interpretations of the timing of the onset of the fertility decline, Banks seeing the use of contraception as fairly

¹Joseph Banks, Prosperity and Parenthood (London: Routledge and Kegan Paul, 1954)

²Patricia Branca, Silent Sisterhood (London: Croom Helm Ltd., 1975)

common among these groups before 1877, and for male and female involvement in the practice. For Branca, the diffusion of knowledge of technological means to family limitation is an important variable, whereas Banks stresses the lifting of ideological or moral constraints.

Banks' more recent work, Victorian Values, develops the ideas put forward in Prosperity and Parenthood and deals with some of the criticisms of his earlier work.¹ For example, he counters the argument that the economic threats to middle class families' standard of living did not really exist by saying that these families may have perceived themselves to be threatened by economic fluctuations in spite of the lack of evidence suggesting a drop in their standard of living, that their aspirations were increased and that the wages of servants, so essential to people of middle class status, were rising. He concentrates on the idea that middle class families came increasingly to value the education of their sons in order that they might fit into an occupational structure now run on a meritocratic basis;

"This motivation may be accounted for in terms of the growing importance of a life experience which entailed a future-time perspective about the education for, and the advancement in, a possible career hierarchy of increasing responsibility and income."²

Thus Banks suggests that birth control was adopted as a response to new ideological developments as well as as a pragmatic response to certain aspects of social change, and that education for a place in a meritocratic career structure should be the point of reference for interpreting the middle class fertility decline.

¹Joseph Banks, Victorian Values (London: Routledge and Kegan Paul Ltd., 1981)

²Ibid., pp. 113-114

Banks assumes that men took the initiative in using birth control, a view challenged by Branca in Silent Sisterhood. Branca sees the adoption of contraception in terms of middle class women taking control over their own fertility as a response to a rather vague process which she terms 'modernization'. She suggests that the main factors in women's decisions were a new self-image and a move away from fatalism and towards planning and organization, using science and technology to control nature. She also points to new norms and values concerning motherhood, health and sexuality, but her evidence is scanty and she is unable to explain how this new status of women managed to develop in isolated nuclear families where men continued to hold economic power, and patriarchal authority was still very much in evidence. Inadequate though her account may be Branca does address the issue of the affects of pregnancy and childbearing on women specifically and their possible implications for birth control decision making, which tends to be ignored in so many accounts of the fertility decline.

One of the biggest weaknesses of theories of the fertility decline which explain the change in terms of adaptations on the part of middle class men and/or women to changes in their circumstances is that it becomes difficult to then explain why working class families later adopted the same behaviour. Banks argues in favour of the "principle of stratified diffusion" (PSD) and gives, as an example of imitative behaviour, the early low fertility of domestic servants, who lived in close proximity to middle class "pioneers" of the smaller family. This argument is difficult to sustain given that there is no clear pattern in the timing of the adoption of family limitation among the various social status groups.

Simon Szreter's use of the 1911 Fertility Report data was more sophisticated and intensive than that of Banks and demonstrates a number of early family limiters which are anomalous in terms of the "PSD". The social classes devised by the Registrar General for the purposes of the 1911 Fertility Report for England and Wales¹ comprised three basic classes: Class 1, upper and professional middle classes; Class 3, skilled manual; Class 5, unskilled manual. In addition there were two intermediate classes: Class 2, petit bourgeoisie and less skilled white collar workers; and Class 4, semi-skilled manual workers. The Registrar General, feeling that textile workers, miners and agricultural labourers had demographic histories peculiar enough to warrant separate treatment, categorized them separately as classes six, seven and eight respectively.

Szreter's disaggregation of these 'Classes' into their component occupations showed that over ten percent of Class I and IV occupations exhibited typical Class III fertility levels and over twenty percent of occupations in Class III should, in terms of mean family sizes, have been categorized in Classes I or IV. Probably the best threat to the stratified diffusion model comes from the mining industry; although coal and metal mineowners have Class I status their fertility levels are typical of Class V.²

Furthermore, there are problems in interpreting the evidence on servants. While the small family example set by middle class employers may have hastened the acceptability of the notion of birth control among

¹Census of England and Wales, 1911. Vol. XIII, "Fertility of Marriage". 1923

²Simon Richard Stanislav Szreter, "The Decline of Marital Fertility in England and Wales c1870-1914." (Ph.D thesis, Cambridge University, 1983) Ch.5.

servants it is unclear how the acceptability of any effective method or methods may have been communicated. The majority of domestic servants in the later nineteenth century were young, single women whose morality was guarded by their employers. All the evidence regarding the master or mistress/servant relationship suggests that employers would regard the passing on of such knowledge as an invitation to sexual activity among servants.

This challenge to the "principle of stratified diffusion" does not deny that the 'pioneers' played a part in later use of birth control, but suggests that the relationship between the two is more complex than Banks allows.

Of the more recent accounts of the adoption of birth control by non middle class groups those of Diana Gittins¹ and Angus McLaren² merit particular attention. McLaren's interpretation is opposed to Banks' "principle of stratified diffusion" and socialization from above. Arguing that abortion was the primary method of birth control during the late nineteenth century, he suggests that the widespread use of abortion among the working class occurred in spite of disapproval by the church and the medical profession. So working class women controlled their fertility in the face of moral condemnation from those members of the middle class with whom they had most contact. Another important departure from Banks' interpretation is McLaren's argument that birth control during our period should be perceived not as a family planning

¹Diana Gittins, Fair Sex (London: Hutchison and Co. Ltd., 1982)

²Angus McLaren, Birth Control in Nineteenth Century England (London: Croom Helm Ltd., 1978)

strategy but as the result of a more immediate assessment of the suitability of bearing children at a given moment.

Similarly, Gittins interprets working class contraception and abortion in the early twentieth century as attempts by women, with or without collaboration with their husbands, to prevent the birth of children when these children would be felt to be a particular burden. Gittins' account concentrates on the role of women, especially the role of women's employment history, in birth control decision making. Whether or not a woman had opportunities for paid work outside the home would, Gittins argues, affect her fertility in two ways: firstly, and most obviously, childbearing would limit her ability to take up employment opportunities, thus severely curtailing the earnings potential of the household as a whole. The greater a working class woman's earning potential, the more likely she would have been to attempt to realize it, particularly since, in areas of high female employment, the earning potential of working class men tended to be less than elsewhere. Secondly, work outside the home extended her social network and aided the diffusion of contraceptive knowledge and acceptability.

Gittins is one of the few writers to take sufficient account of power relations within marriage and their effect on the use or non-use, methods and effectiveness of birth control. Using data from birth control clinics she establishes which methods were most used by which social groups (all sub-groups within the working class) and, taking occupation of the wife into account, draws inferences concerning birth control decision making. This is an interesting and potentially very fruitful exercise. However, Gittins has a tendency to oversimplify the manifestation of power within

marriage; for example. she equates the use of abortion and female methods of contraception with female power, coitus interruptus and the sheath with male power, while abstinence and the safe period are seen as evidence of

'mutual agreement and sharing of decision making concerning contraception, as well as a lack of knowledge of reliable means of doing so.'¹

A more sophisticated model of marital power relations would take account of preconceptions of roles and relationships which men and women bring into a marriage, and negotiations which might take place within the marital relationship but are affected by conditions outside. Such a model might lead to very different interpretations. For example, abortion might be a desperate measure resorted to by powerless wives whose husbands refuse to use any form of birth control in spite of the wife's fear of pregnancy; a woman with power over her husband might be in a better position than others to persuade him to use a sheath or coitus interruptus. Abstinence might, far from being evidence of mutual agreement and sharing, suggest marital breakdown.

A major criticism of all these accounts is that they tend to assume that husband and wife have a more or less constant and equal desire for sexual intercourse with one another. If we can be sociological about our interpretation of fertility patterns surely we should be sociological about sex and sexuality. Leaving aside the question of whether human sexuality is infinitely adaptable and variable, we do need to have some understanding of the broad boundaries within which sexual conduct

¹Gittins, p. 171

develops and operates. If we are going to take account of the relationship between husband and wife and its affect on marital fertility then we have to attempt to understand their sexual relationship, a theme which will be developed in the next chapter.

Chapter five will examine the available birth control methods and evaluate their acceptability in terms of middle class men's and women's attitudes to their own and each others sexuality and their relationship, as well as incentives to limit family size. Availability and acceptability of birth control methods are separate but interrelated issues. An examination of these factors together is essential since an available, effective method which was regarded by married partners as wholly unacceptable might just as well have been unavailable for all the difference it might have made to marital fertility.

Methodological problems

A basic problem for demographers investigating the fertility decline is one of relating the quantitative data to the individuals whose aggregate behaviour is being measured. The most recent exploration of demographic transition theory on Britain comes from Teitelbaum, who carried out a vast statistical analysis of fertility in Britain from 1841 to 1931 using county level data.¹ Although the figures provide useful regional comparisons and show interesting patterns of change over time, the scope of the project was, paradoxically, narrowed by its size. Variables such as education and religion were tested for their effect on fertility but, since the use of aggregate data militates against a proper understanding of the

¹Michael S. Teitelbaum, The British Fertility Decline. Demographic transition in the Crucible of the Industrial Revolution, (Surrey: Princeton University Press, 1984)

meaning of such variables to the individuals involved, Teitelbaum's investigation tends to be more descriptive than heuristic. Teitelbaum is well aware of the limitations of the use of 'ecological level' data, the findings for which

"may not be employed to characterise the behaviour of individual actors, but rather only that of social aggregates"¹

Furthermore, the testing of the effects of social, economic and cultural variables at the ecological level can only lead to vague conclusions since

"the variables themselves are limited to quite crude measures of the types of information that we would want to explore"²

thus, for example, the variable "education", which relies on a level of literacy measured by proportions signing the marriage register by name rather than by mark, correlates positively with a decline in marital fertility but does not tell us whether the more literate proportion was responsible for this decline. Neither can any conclusions be drawn regarding the nature of the relationship between education and family limitation.

Another analysis at regional level is that of Woods and Smith, which suggests that behavioural changes may occur which are largely independent of their structural context.³ This spatial analysis shows a marked heterogeneity of demographic behaviour between regions, with occupational and class dimensions, which tends to support Davis' theory

¹ibid. p153

²ibid. p153

³R. Woods and C. W. Smith, "The Decline of Marital Fertility in the Late Nineteenth Century: The Case of England and Wales", Population Studies Vol.37 (1983)

of the demographic transition as a "multi-phasic response".¹ In order to identify the factors affecting family limitation decision making and the evaluate their relative importance, more finely tuned studies are necessary.

Social class, occupation and the fertility decline

Moving away from macro-level theories which, as Woods and Smith have shown, lose some of their analytical meaning in the face of the many observable differences in fertility rates within societies undergoing the fertility decline, studies have been undertaken which split society into groups which have, or are believed to have, some internal coherence in terms of experience, life chances, lifestyle and values which might be relevant to their fertility. Two related groupings which have been subject to much interpretation are social class and occupation. Another, complimentary, approach, (which, as we have seen, has been peculiarly related to the social class approach) has been to develop groupings of occupations based on demographic behaviour itself and from there to examine the various social, economic and cultural forces acting on these groups which might affect their fertility.²

This kind of exercise poses problems regarding the relationship between the collection of data and its analysis. The allocation of occupational groups to 'social classes' is an analytical exercise in itself which is performed in accordance with notions of social and economic stratification which are by no means objective facts.

¹K. Davis, "The Theory of Change and Response in Demographic History." in Population Index, 21. 1963

²This was the approach adopted for the Report on Fertility of Marriage from the 1911 census data.

In a detailed analysis of the 1911 Census classifications, Simon Szreter has shown that these social class categories were artifacts which have little meaning since the component occupations were coherent neither in terms of economic and social position nor in terms of fertility patterns.¹ In the light of his study we should be wary of accounts and analyses which take the five basic social classes at face value. Nevertheless the report provides us with some excellent aggregate data and insights into the preoccupations of the early twentieth century State concerning the fertility decline. This report has been the basis of most of the investigations of the British fertility decline to date, from the 1911 Report itself, Stevenson's work in the 1920's,² Innes' in the 1930's³ to that of Joseph Banks, which has been central to the debate on causes of the fertility decline since the 1950's.

The accounts of Banks, Branca, McLaren and Gittins all show a progression from the statistics orientated historical demographers' treatment of the fertility decline by their perception of the practice of birth control as an activity which has implications for the private lives of the individuals involved. Working from a perspective which appreciates the complexity of the relationship between social and economic forces and the practice of birth control, they have extended the field of analysis and introduced new ideas which can best be tested on a micro level where the

¹Simon Richard Stanislav Szreter, "The Decline of Marital Fertility in England and Wales c1870-1914" (Ph.D. thesis, Pembroke College, University of Cambridge, 1983)

²T. H. C. Stevenson, "The Fertility of Various Social Classes in England and Wales from the Middle of the Nineteenth Century to 1911", Journal of the Royal Statistical Society (1920)

³J. Innes, Class Fertility Trends in England and Wales, (Princeton: Princeton University Press, 1938)

data available are rich and detailed. Woods and Smith's spatial analysis confirms the need for micro-level investigations¹, as does Szreter's recent work.² From a methodological criticism of the 1911 Fertility Report and theories developed from its data, Szreter explores other theoretical avenues. He demonstrates clearly the need for a proper understanding of the relationship between structure and action which involves a meaningful conceptualization of class, status and community and the effect and operation of gender relationships. It is only through small scale, intensive studies that we can explore these issues sufficiently to understand their meaning in terms of the fertility decline.

The collective case study approach

We have seen the problems of using aggregate data in the 1911 Fertility Report and in Teitelbaum's recent work. If we accept that societal change is mediated at the cultural level so that the same changes affect different individuals in different ways then, for the purpose of understanding the fertility decline, we need rich data concerning both fertility patterns and social and cultural location. The first of these can be achieved using the family reconstitution method of measuring families and the second would be facilitated by confining a study to a specific social group in a particular region. Family reconstitution allows us to use data from marriage certificates, which give occupations of bride, groom and their parents, their addresses and the religious ceremony according to which they were married, enabling us to identify the social location of the families under study. Although this is difficult to carry out in England

¹R. Woods and C. W. Smith, "The Decline of Marital Fertility in the Late Nineteenth Century: The Case of England and Wales", Population Studies Vol.37 (1983)

²Szreter, "The Decline of Marital Fertility in England and Wales c1870-1914"

and Wales because of problems of access to civil registration records there is no such problem in Scotland. Scotland's recent demographic history has not been extensively explored to date, although recent studies have made good use of civil registration data.¹

Early Family Limiters in Scotland

Since this study is concerned with the origins of family limitation in the nineteenth century the early controllers are the obvious choice as a focus. In Prosperity and Parenthood, Banks focussed on the middle classes generally. For Victorian Values he carried out an in depth study of occupational groups demonstrating early low fertility, exploring the factors likely to have motivated them towards family limitation. These groups were chosen on the basis of data in Table 35 in Part II of the 1911 Fertility Report; Banks calculated the marital fertility of women marrying men from Class 1 (and those from Class II whose status was intermediate between the middle and working classes) before 1861, and between 1861

¹The following Edinburgh University Ph.D theses all used Scottish civil registration data: Alan J. Gilloran, "Family Formation in Victorian Scotland." 1985; Donald J. Morse, "Family Limitation in Scotland." 1987; Stephen Paul Walker, "Occupational Expansion, Fertility Decline and Recruitment to the Professions in Scotland." 1986.

and 1871. Table 1.2, below, gives Banks' "Pioneers" of the smaller family.¹

TABLE 1.2

<u>Occupation of the father</u>	Mean number of children born	
	<u>Marriages before 1861</u>	<u>Marriages 1861-71</u>
<i>From Class I:</i>		
Officers of the navy and marines (effective and retired)	5.11	4.57
Authors, editors, journalists, reporters	5.33	5.61
Accountants	5.61	5.71
Physicians, surgeons, registered practitioners	5.64	5.54
Civil, mining engineers	5.68	5.87
Painters, sculptors, artists	5.81	5.50
Army officers, (effective and retired)	6.01	5.07
Gentlemen of private means	6.04	4.48
Solicitors	6.11	5.78
Ministers, priests, of bodies other than the established church	6.15	5.78
<i>All Class I</i>	<i>6.41</i>	<i>5.90</i>
<i>From Class II:</i>		
Tobacconists	5.07	5.34
Hospital, institutions (not Poor Law) and benevolent society servants	5.20	5.26
<i>All Class II</i>	<i>7.37</i>	<i>6.64</i>

The problems of using the 1911 Fertility Report as a data source have already been mentioned; bearing in mind its limitations it is nevertheless worth referring to this Report to select a group demonstrating family limitation from the earliest point at which any consistent family limitation can be discerned. The Scottish report lists occupations in order according to the mean number of children born to a marriage taking place before 1893 and when the wife was aged twenty three to twenty six years at marriage. In the category 'Occupations in which Fertility is *significantly*

¹From Tables 4.1 and 4.2, Banks, 1981, pp40-41.

less than the General Mean' (5.82) the following are the first twelve occupational groups and the mean number of children¹:

TABLE 1.3

Occupation of father	Mean number of children
Army Officers (Effective and Retired)	3.76
Dentists (including Assistants)	3.86
Physicians, Surgeons	3.91
Advocates, Solicitors	3.92
Veterinary Surgeons	4.00
Literary and Scientific Pursuits	4.09
Schoolmasters, Teachers	4.25
Art, Music, Drama	4.27
Ministers, Clergymen	4.33
Clerks (Civil Service, Law, Commercial, Bank, and Insurance)	4.38
Chemists, Druggists	4.39
Civil, Mining Engineers	4.43

These data come from a less detailed report than that for England and Wales. A comparison between the two countries can, however, be made if we extract from this list those occupations categorized the same way in both reports and, for the England and Wales figures, use the mean number of births for marriages taking place before 1891, where the wife was aged twenty to twenty four years at marriage. Although not a perfect match it is felt that this method is sufficient to point out general trends and significant differences, bearing in mind that the English and Welsh families will tend to be slightly larger, all other things being equal, because the age group is slightly younger. Only those occupations categorized in

¹The occupations are grouped as in the Scottish Report on the Fertility of Marriage from the 1911 census.

the same way for both reports are included.

TABLE 1.4

	<u>Scotland</u>	<u>England & Wales</u>
Army Officers (Effective and Retired)	3.76	4.41
Dentists (including Assistants)	3.86	4.64
Physicians, surgeons, registered practitioners	3.91	4.06
Solicitors	3.92	4.32
Clergymen (established church)	4.33	4.89
Civil, mining engineers	4.43	4.47
Gentlemen of private means	4.71	4.46

This comparison shows that the general tendency in England and Wales for smaller family sizes among the middle class, especially the professional occupations, is reflected in Scotland. We may note that this has interesting implications, especially for Banks' analysis, since there are cultural (and, in particular, educational) differences between the two countries.¹

Since we have access to Scottish vital registration records we can build up detailed pictures of individuals' fertility patterns which are impossible to construct from aggregate data. We can still only infer the effects of certain economic, social and cultural changes on fertility but we can do so from a stronger position if we have accurate profiles of the individual men and women we are dealing with than we can from large groups with vague socio-economic labels and statistically average fertility patterns.

The theoretical framework for analysing these data requires an understanding of the relationship between social and economic structure

¹These differences will be examined in Chapter 4.

and individual action, stressing the mediation of cultural factors. It has already been established that professional people were among the 'pioneers' of the smaller family and they therefore provide the focus for this study. There are precedents for using occupation as a proxy for socio-economic situation throughout historical demography, including Haines' study of the fertility of mineworkers which argues convincingly in favour of this approach.¹ We need, then, to discover the characteristics of our 'pioneer' occupations which are conducive to birth control, characteristics which were not as evident in the period before the birth rate decline and which are specific to, or developed in, these occupations. At the theoretical level, occupation is associated with patterns of income, residence, family employment, standard of living, mortality and morbidity risks, social and economic security and many other characteristics. It is suggested that occupation has a strong socializing effect, not only insofar as it provides individuals with a sense of their objective position in a stratified society, but also as a cultural influence. Variations in family size within occupations will also provide us with interesting clues to the adoption of family planning. For example, are there differences in lifestyle, work situation and work history which might explain why some professionals continued to have large families, when the trend was towards the small family?

This focus may seem to imply a greater concern with the nature of men's contribution to family building than women's, since it is the husband's occupation which is the identifier. However, this is not the case, as will be shown in the next chapter, which demonstrates the importance of

¹Michael Haines, Fertility and Occupation (London: Academic Press Inc. (London) Ltd., 1979)

husbands' and wives' different orientations to the problem of fertility. The problem's resolution will, in fact, be explained in terms of the nature of the interaction between husband and wife which, it will be argued, was conditioned by the family's social status which was largely determined by the husband's occupation and family background.

'Structure', 'culture' and 'action' are not discrete entities, but overlapping and interacting organs in a dynamic society. A study of the relationships between the changing structure of nineteenth century Scottish society, cultural changes among professional families in this period and their marital fertility should, therefore, lead to a better understanding of all three.

Chapter 2

Marital Relationships and the Middle Classes

Introduction

Having discussed the fertility decline in terms of demographic transition theories and in a broad social and economic context the previous chapter concluded that cultural adaptations to economic and social change are likely to have been significant to the onset of the fertility decline.

Furthermore, it was argued that cultural factors and their effects on familial relationships have received insufficient attention from historical demographers. The control of marital fertility is achieved in a deeply personal and private context and an understanding of the relationship between husband and wife must be fundamental to our understanding of family limitation in the nineteenth century.

Avoidance of these issues tends to result in a one dimensional, profit and loss type account of family limitation, which not only oversimplifies the demographic problem, but is also of limited usefulness in social history terms; the social historian is interested in social forces and how they affect individuals. He/she is also interested in the ways in which individual action creates social forces and so has profound effects on the wider society. Approaching the fertility decline at the level of the marital relationship demonstrates a way in which this two way process can operate.

One of the major problems of the fertility decline is in explaining why some identifiable groups were "pioneers" of the smaller family while others continued to have large families into the twentieth century. As

well as looking at how social and economic status differences might affect the costs and benefits associated with children, it might be that a look at the possible effect of social status on marital relationships will help us to understand the early motivation towards family limitation of middle class professionals.

Doubtless, as Gittins points out, there is a connection between the choice of birth control methods and motivation,¹ but the relative merits of the available methods cannot be evaluated without some understanding of what individuals expect and desire from their sexual relationship.

Furthermore, as was suggested in the previous chapter, we cannot assume that married couples were, or wished to be, sexually active throughout their married lives, to the extent that a small family size could only be achieved through deliberate use of birth control methods. Neither can we assume that both husband and wife had the same motivations and attitudes regarding sexual behaviour or reproduction.

Several theoretical issues concerning male and female sexuality and middle class marriages in the nineteenth century need to be clarified before any attempt can be made to understand these relationships.

Class and gender and the formation of sexuality in the Victorian period.

The suggestion that sexuality can be formed and that class and gender influence it presupposes that sexuality is not merely the product of a biological imperative. Without denying the physiological component of sexual activity and gratification, it should be understood that the range of

¹Diana Gittins Fair Sex (London: Hutchison and Co. Ltd., 1982),pp. 157-180.

sexual behaviour between and within cultures makes apparent the flexibility of human sexual orientation.¹ The so-called 'sexual revolution' of the 1960's brought in its wake a demonstration of the inadequacy of conventional views of what is normal to describe what is actual or possible. Two issues in particular, homosexuality and female sexuality, have called the functionalist sexual paradigm into question and the resulting discourse has threatened precious notions of normality. The first of these is relevant here only in that it stands as an example of a sexual orientation which has been identified in the last hundred years as a crime, a pathology, a harmless aberration, and within the range of normal sexual experience. Changing attitudes to, and definitions of, homosexuality have been well documented by Jeffrey Weeks whose social and political analysis of sex introduces a new dimension to this area of historical research.² The second, female sexuality, is crucial to this study, and, in this context, needs to be analysed from a sociological perspective.

Throughout the twentieth century, patriarchal definitions of female sexuality were attacked and modified. During the nineteen sixties and seventies the women's movement loosened the Freudian hold on the concept of normal female sexual gratification. At the same time experimentation was encouraged, emphasizing a field of heterosexual practice way beyond the bounds of simple coitus. This serves as an example of changing opinion on sexual practice which affected behaviour. What is interesting for the purposes of this study is that research has shown an increase in the expectations of, and desire for, sexual

¹For a discussion of the way in which humans learn their individual sexual "scripts" see John H. Gagnon Human Sexualities (Illinois; Foreman and Co., 1977), pp2-20.

²Jeffrey Weeks Sex, Politics and Society (London: Longman Group, 1981)

gratification among women over this period, suggesting that discourse and practice tend to correlate.¹

What might nineteenth century discourse on sex tell us about Victorian men and women? There is no doubt that, for the Victorians, there were significant distinctions between male and female sexuality. Their much-written of obsession with sexual purity had a complex gender dimension and would have tended to shape men's and women's desires in different ways. There was also a significant class dimension to discourse on male and female sexuality which might have important implications for the fertility of our professionals in the later nineteenth century.

The private, family life of the Victorian middle class was essentially linked to their position in the economic and social structure. The family as a "haven in a heartless world", although on the face of it a deliberate attempt to separate public from private, was an extension of the public image. Those same values of thrift, self-help, diligence and organization, which were the hall-mark of the Victorian middle class at work were also the virtues which their family members cultivated at home. It is clear from the contemporary literature on the subjects of love and marriage, sex and intimate relationships, that both the authors and the middle class audience at which their work was directed, identified sexual purity with middle class gentility. The ability to avoid direct and indirect experience of all things sexual was a virtue which members of the working class were

¹See Weeks Sex, Politics and Society p258 for a discussion of changing attitudes to female sexuality in the popular female press, in particular "a redefinition of female sexuality in terms of its possibilities for pleasure". An example of changing sexual practices and expectations may be found in Geoffrey Gorer Sex and Marriage in England Today (London: Thomas Nelson and Sons Ltd, 1971), p113

unlikely to have had. On a practical level we can see that the idea of sexual purity could only be sustained where individuals had access to privacy, and for many of the working class there simply was not enough space for individuals to keep certain functions and activities private from other members of the household.

Sexual purity not only marked a divide between the middle class and the mass of working people, it also strengthened their sense of superiority over the dissolute aristocracy. If we view the sexual purity movement in the context of the changing economic and social structure over the century we can identify a self-conscious attempt to assert an identity which affirms and celebrates bourgeois values while encouraging contempt for the supposedly looser personal lives of the old aristocracy.

This had important implications for middle class wives, who played an important role in the maintenance and advertisement of the genteel middle class identity. Being close to nature through their reproductive role (pregnancy, childbirth and lactation), they inhabited the boundary area between a rational, controlled, existence and the untamed, natural world.¹ They also mediated between master and servant; by delegating the manual labour necessary for a clean, well-run home to servants, they marked the separation of manual and non-manual labour. As mothers, housewives and the mistresses of servants it was through women that the rational, scientific, ordered and clean met with the wild, disorganized, natural and dirty.

¹ Leonore Davidoff, "The Rationalization of Housework" in Dependence and Exploitation: Work and Marriage ed. S. Allen and D. Barker, (London and New York: Longmans, 1976)

These themes are developed by Davidoff who gives an imaginative but very plausible account of the symbolic importance of the rationalization of housework as well as its pragmatic importance. She argues that women were well placed to become the "moral protectors of society" during the transitional period in the nineteenth century when former notions of hierarchy were eroded. Thus the middle class woman's role changed from the active mother and housewife at the beginning of the century to the symbol of gentility with little functional responsibility of the Victorian period. Such a woman

"in her most perfect form.....combined total sexual innocence, conspicuous consumption and the worship of the family hearth."¹

Evidence of the acceptance of this ideal appears in the writing of William Acton, described by Steven Marcus in his pioneering work on Victorian pornography as the most influential writer on sexual matters, whose writings reflect mainstream attitudes.² There has been some debate over the image of Victorian sexual norms conjured up by writers such as Marcus in his analysis of Acton's work. Peterson, for example, compares Acton's views with those of James Paget, a distinguished surgeon and researcher of the mid nineteenth century who held much more liberal views.³ This debate is, however, over the general issue of Victorian sexual mores, while my concern is with the sexual expectations, desires and practices of urban professionals, and their implications for their

¹Martha Vicinus (ed.) Suffer and Be Still (Bloomington: Indiana University Press, 1972), p iv.

²Steven Marcus The Other Victorians (London: Weidenfeld and Nicolson, 1967)

³M. Jeanne Peterson, "Dr Acton's Enemy: Medicine, Sex and Society in Victorian England", Victorian Studies 29, No.4 (Summer 1986)

marital fertility. From this perspective, Acton's work is relevant, as it was aimed at, and read by, the urban middle class in the later nineteenth century, when the marital fertility of professionals was falling.

Paradoxically, another writer who questions the assumption that Acton's views on sexuality were mainstream actually illustrates their typicality; F. Smith Barry, in an attempt to get to grips with the real sexual values of the Victorians, explores the more liberal writings of the neo-Malthusians such as Drysdale, Bradlaugh and Besant, but concedes that

"Respectable men apparently kept their distance from Drysdale and other doctors in the Malthusian League".¹

In a later section on a set of writings which

"could illuminate many nineteenth century beliefs about sex and sexual practices. This is the subterranean stream of popular writings, often by medical hacks and charlatans, titillating sexual curiosity and working upon anxieties about impotence, sterility, the pox, and menstruation"

he goes on to quote from qualified and respected medical practitioners such as John Roberton, M.D., whose warning on the evils of masturbation (showing the same concerns and prejudices as Acton) is, argues Smith, typical.²

Two things stand out in Acton's work, the first by the attention it receives, the second by the lack of this attention. The first is a preoccupation with the power of the male sex drive and the importance of its control; the second is the belief that women have no significant

¹F. Barry Smith, "Sexuality in Britain, 1800-1900," in Martha Vicinus (ed) A Widening Sphere (Bloomington: Indiana University Press, 1977), p189

²ibid. pp193-195.

sexual feelings unless awakened by love and the desire for children. In "The Functions and Disorders of the Reproductive Organs" only two passages are specifically concerned with the female and both stress her lack of sex drive. For example, Acton argues that the young groom need have no fears regarding his ability to "do his duty" to his wife, as

"the well brought-up English maiden knows absolutely little (*sic*) or nothing on these matters."¹

The male, on the other hand, is believed to be prone to sexual incontinence which, if allowed full rein, has a wasting effect on his entire system. Similarly, Lawson Tait F.R.C.S. asserts that

"It ought to be.....no matter of surprise that in the human race the sexual instinct is very powerful in man and comparatively weak in woman."²

It is the way in which marital sexual practices result from men's and women's views of their own and each others sexual roles which is of interest here, so the issue is one of some complexity. In his analysis of discourse on sexuality Weeks shows how, even among those such as Elizabeth Blackwell, who rejected Acton's denial of female sexuality, it was accepted that a middle class woman operated within the severe constraints imposed on her by her social and reproductive roles so that her sex drive was bound up with her "maternal instinct". Thus

"it was only the maternal instincts which allowed a woman to subject herself to what was conceived of as the almost ungovernable lust of men.

¹William Acton The Functions and Disorders of the Reproductive Organs (London: John Churchill, 1857), p84

²Lawson Tait Diseases of Women (New York: William Wood and Co., 1879).

Chastity, as Blackwell put it, the government of the passions, is the highest law; and one natural to women."¹

But motherhood, while the most exalted of states for the Victorian woman, was beset with physical and psychological dangers. Maternal mortality rates for England and Wales were 4.6 per thousand live births in 1856-60². If we had accurate data for death as a result of childbirth where still births are included we would, no doubt, find them much higher. Allbutt, writing in 1886, suggests a figure over ten times greater.³ Fear of dying in childbirth would have been experienced by most women but fear of pain, injury and stress would have been even more widespread.

Pain relief during labour was, in the nineteenth century, primitive in spite of Simpson's advances, and the Victorian middle class woman was not conditioned to take pain in her stride. Ignorance of the birth process tends to exacerbate suffering, increasing fear and decreasing the ability to relax the body and "go with the flow".⁴ At the same time as coping with physical pain the woman in labour found herself powerless to defend her modesty as male physicians took over the role of female midwife.⁵ These intimate examinations and manipulations, and the general messiness of child birth would have combined with pain and fear, conflicting with

¹Weeks Sex, Politics and Society pp41-42.

²Roger Schofield "Did the Mothers Really Die? Three Centuries of Maternal Mortality in 'The World We Have Lost'" in The World We Have Gained Lloyd Bonfield, Richard M. Smith and Keith Wrightson (eds) (Oxford: Basil Blackwell, 1986)

³H. Arthur Allbutt The Wife's Handbook (London: W. J. Ramsey, 1886), pp56-57.

⁴The effects of ignorance and fear on women's pain tolerance during labour are described by Dr. Grantly Dick-Read in Childbirth Without Fear (London: William Heinemann Medical Books, 1954)

⁵Ann Oakley "Wisewoman and Medicine Man" in The Rights and Wrongs of Women, eds. Ann Oakley and Juliet Mitchell (eds) (Harmondsworth: Penguin Books Ltd., 1976)

other images of maternity.¹ This co-existence of the glorification of motherhood and disgust at the process must surely have resulted in an ambivalent attitude to sexual intercourse, especially if, as McGregor suggests, the

"only legitimate satisfactions from sexual intercourse were those of motherhood, and these issued from pain and suffering."²

The wife's sexual role was also to give a non-disruptive outlet to the male libido, within the sanctity of marriage. The Victorian attitude to male sexuality seems to have been heavily influenced by Pauline morality, according to which marriage is an institution recognized by God and society which provides a legitimate arena for sexual gratification. So sex is legally contained and thus marriage provides an alternative to the effects of the unleashed libido - fornication. Paul recognized the dangers of unbridled sexuality generally whereas for the middle class Victorian only men needed to contain their passions. This was because the female sex drive was considered dormant until awakened by marital love and the desire for motherhood and, even then, did not constitute "passion" in the same overwhelming sense.

The power of the male libido was accepted and, until such time as he was in a position to marry, the young middle class man, it was tacitly accepted, released his pent-up sexual energy on prostitutes and quasi-prostitutes (working class women exchanging sexual favours for gifts and privileges). Certainly, Acton implied that the use of prostitutes was preferable to masturbation, arguing that the weakening effect of the expenditure of

¹Discussed in John Hawkins Miller "Temple and Sewer: Childbirth, Prudery and Victoria Regina" in The Victorian Family Anthony S. Wohl (ed) (London: Croom Helm, 1978)

²O. R. McGregor, Divorce in England (London: William Heineman Ltd.,1957), p68

semen is greatest when not derived from the act of "connexion".¹

"Spermatorrhoea", a catch all disease resulting from sexual incontinence, appears most frequently in literature directed at young, unmarried men, as a threatened punishment for masturbation and nocturnal emissions.

The solution to the male dilemma of a powerful sex drive which he must fight (a losing battle) to control was marriage to a decent woman. Within the safety and respectability of a relationship sanctified by the church and recognized by the law a man might release sexual tension, cement his relationship with his wife, and produce progeny. No more masturbation and consorting with debased women, risking disease and God's disapproval. But could a sexuality nurtured by such encounters and accompanied by guilt be transferred to a marital relationship in which the wife was loved for (among other things) her decency and purity?

It is my contention that, as a result of the paradoxical view of his wife's sexual role, the middle class Victorian husband might also have had an ambivalent attitude to marital sex and it seems likely that the sexual relationship between middle class husbands and wives was an aspect of marriage fraught with difficulties. A union between a sexually repressed woman and a man who viewed his own sexual nature as debased and debasing of its "object" may have had little more than the desire for children to keep it going. Without this incentive (that is, after 'sufficient' children had been produced) a wife might well be glad to abandon the sexual side of marriage and enjoy the support and companionship of her husband. For him the sexual outlets of his youth remained. The use of

¹ Acton The Functions and Disorders of the Reproductive Organs, p73

prostitutes, although involving some risk of venereal disease, presented an attractive solution to his dilemma allowing the satisfaction of sexual congress without the guilt associated with imposing intercourse on a decent woman; prostitutes were, by their nature, debased. Sigsworth and Wyke argue that married men would have formed an important element in the heavy demand for prostitutes in the later nineteenth century for reasons which support the arguments put forward here: middle class husbands returned to prostitutes after marriage as an alternative to the inferior pleasures offered by sexually repressed middle class wives, or by wives chosen for dynastic or economic reasons rather than mutual attraction. They also argue that middle class men went to prostitutes for the purpose of

"shielding their married women from the grosser passions of their husbands."¹

The foregoing is merely an introduction to the theme of Victorian middle class sexuality. It will later be fully developed, and illustrated by evidence from primary sources, in the context of professional men and family limitation.

This analysis of the sexuality of middle class Victorians suggests that the usual approach to their fertility decline makes misleading assumptions. When it is assumed that couples are sexually motivated throughout the fertile period of their married lives, we view family limitation in terms of practices which interfere with, or modify, an important and very pleasurable aspect of married life. This in turn leads to a profit and loss

¹E. M. Sigsworth and T. J. Wyke 'A Study of Victorian Prostitution and Venereal Disease' in Suffer and Be Still Vicinus (ed) p.87.

analysis whereby available techniques are evaluated in terms of loss of sexual pleasure and degree of interference with "normal" sexual intercourse, against their contraceptive effectiveness and the extent to which a couple might be motivated towards family limitation. In the light of the foregoing discussion of middle class marital sexuality in the Victorian period the equation must be re-evaluated. The fertility decline must be explained not only in terms of desire for fewer children and availability and effectiveness of birth control methods, but also in terms of the nature of the marital sexual relationship.

This interpretation of the marital fertility of the 'pioneers of the smaller family' hinges on the notion that professional men and their families formed a unique social sub-stratum, one in which the values of self-control and the ability and desire to control nature converged in the marital relationship and resulted in family limitation. Chapter four will examine the role of the professionals in the nineteenth century and the development of values associated with modern professionalism and Chapter five will show the relationship between these values, sexuality and family limitation.

Chapter 3

Methodology

Introduction

The propositions outlined in chapters one and two are concerned with understanding the relationship between the marital fertility of Victorian professionals and their role in late nineteenth century society. It is suggested that the underlying causes of their family building patterns are to be found in the values associated with modern professionalism and the position of such families in the social structure, and their effect on the marital relationship. This is therefore a multi-dimensional approach to the problem of the fertility decline which requires imaginative use of a variety of research methods and data sources. To use the term "triangulation" would be to oversimplify a quite complex research process. On the other hand, to devote space to a discussion of the relative advantages of quantitative and qualitative research, deductive and inductive methods, and the "socio-logic chain" and "grounded theory" would be to introduce unnecessary complications (and jargon) into a simple attempt to explain why certain methods were used in this particular study.¹

Three separate but overlapping areas of research are involved in this study: the role of professionals in later nineteenth century Scotland; the marital relationships of these professionals; and the size and structure of their families. The methodology involved in each of these will be

¹For a list of critical and informative readings on methodology which I found useful see bibliography at end.

discussed in turn and the relationship between them will be made apparent.

The professionals

Definition of a professional.

Since my concern is to understand how and why the families of men belonging to the professions as a particular status group began family limitation from around the 1860's, my definition of a profession must simply be: an occupation which was considered to be of a professional nature by members of the society in which it existed, that is by Victorian society generally, and, particularly, by the men involved in the work itself. By this definition, the Registrar General's categories will largely suffice. However, some occupations which appear in the Registrar General's category "Professional Classes" were rejected as inappropriate for the purposes of this research, either because their professional status in later nineteenth century Scotland is dubious, or because some characteristic of the occupation creates problems for tracing incumbents, and thus for family reconstitution.

The following three sub-orders of occupation appear in the Census Report for Scotland in 1871¹ in the category 'Professional Class': Persons engaged in the general or local government of the country; Persons engaged in the defence of the country; Persons engaged in the learned professions, or in literature, art, or science. The first sub-order was rejected on the grounds that the diversity of occupations it contains would lead to major

¹The occupational categories and groupings vary a little from census to census throughout the period under study, but not significantly for the purposes of my argument. The decision to use the 1871 census was arrived at because it is used for both cohorts.

difficulties in interpreting social status. The second was inappropriate since the geographical mobility associated with the army and navy would have made family reconstitution impossible.

The third sub-order comprises the following occupations:

Clergymen, Ministers and Church Officers.

Lawyers

Physicians, Surgeons and Druggists

Authors, Editors and Reporters

Artists, Painters and Sculptors

Musicians and Teachers of Music

Actors and Actresses

Teachers

Civil Engineers and Scientific Persons

This group includes some occupations which hardly seem to fit with any contemporary understanding of the term professional and whose existence in this 'Class' has merely historical justifications. For example, druggists had, in status terms, more in common with members of the commercial orders than with physicians and surgeons, although earlier in the century this would not necessarily have been the case.¹ Other occupations rejected were "persons engaged in art", such as actors and musicians, whose claim to professional status, although in some cases realistic, would, in many, have been extremely dubious. Even after this

¹The progression through the nineteenth century of occupations associated with health care, and their division into higher, lower, and non-professional will be discussed in some detail in Chapter 4.

pruning exercise, a diversity of occupations remains. All can, however, claim a degree of professional status from the eighteen fifties.

The discussion of the role of professionals in the next chapter does not merely set the scene for analysing their family building patterns, but provides vital clues to understanding the fertility decline. In this context it was necessary to understand the Victorian professionals' own perceptions of their role in society. This involved an examination of documentary sources, such as biographies and autobiographies, on men involved in the professions over the nineteenth century. Collecting such data involved a systematic search of the subject index in the National Library of Scotland and the Edinburgh Room of Edinburgh's Central Library and a perusal of every diary or biography relating to Scottish professional men listed in British Diaries¹ and British and Irish Biographies 1840-1940.²

Two reservations about biographical sources are less relevant here than in many other areas of historical research: these are the question of the gulf between the author and his audience, and that of how true a reflection the writing is of the writer's actual attitudes and practices. In this case, the first is answered by the fact that the boundary between writer and audience is blurred, since the biographies of professional men were largely written for, and read by, their peers. As to the second point, the problem is usually that people tend to present themselves in a favourable

¹British Diaries, An Annotated Bibliography of British Diaries Written Between 1442 and 1942, compiled by William Matthews, (London: Cambridge University Press, 1950)

²British and Irish Biographies 1840-1940 (Cambridge: Chadwyck-Healey Ltd, 1987)

light according to mainstream attitudes and values, and it is precisely these attitudes and values which the research intends to reveal.

Certainly, the smug, self-righteous presentation of many professional men's private and professional trials and tribulations suggests that they were very anxious to present themselves in a good light, and gives a clear idea of their preoccupations and values.

Marital relationships

More of a problem here is that, as Banks puts it,

"documents, artefacts of all kinds, buildings, tools, paintings, films, newspapers, books etc. - describe what people have done in terms of concepts which imply observations at two removes from the source of that information. The behaviour which is immortalized in these accumulated relics was carried out by people unaware of the ghostly figure of some future historian or sociologist, with a research problem in mind, looking over their shoulder at the time"¹.

The problem is thus one of collecting data which is precisely relevant to the research problem.

It was not until the turn of the twentieth century that the publishing and sale of marriage advice manuals took off, so more indirect references to the middle class marital relationship had to be used, mostly in the form of medical texts and , again, autobiographies. In the latter only very rarely were direct references made to the more intimate side of married life. It

¹J.A. Banks, "Sociological theories, methods, and research techniques - a personal viewpoint." in Sociological Review Vol. 27 No. 3. 1979. p565

was therefore necessary to rely on inference, which has obvious weaknesses:

"To the extent that a total interpretation rests on the support given by individual 'data' whose status is itself based on shaky inferences, it is insecure. One may argue.....that shaky parts may make a firm whole if they support each other, but this requires further conditions: the support must not be simply circular, and attempts must have been made at testing the preferred individual and total interpretations against potential alternatives."¹

These conditions were fulfilled by looking for inferences which were consistent with measureable aspects of marital behaviour and direct pronouncements on the nature of the marital relationship by medical men.

On the positive side, as Banks argues, what is lost in precision is gained in what Banks terms "objectivity" since the subject in an historical document is making statements he or she has chosen, for his or her own reasons, to make, rather than as a response to the interest of the researcher². This is a particularly pertinent point when the subject of the research is as sensitive as in this case.

Measuring family size

This formed a major part of the study. The method used was the family reconstitution technique, with civil registration books as the data source. This technique involves major problems of data selection, accuracy and validity, all of which were overcome using a fairly complex system. Since

¹Jennifer Platt, "Evidence and proof in documentary research," Part 2, in Sociological Review Vol.29 No.1.1981. p59

²Banks, Sociological Theories, Methods, and Research Techniques

this variation on the family reconstitution technique is still at the developmental stage, the method, problems and solutions will be described in some detail.¹

The family reconstitution technique, as pioneered by Henri and Fleury in France² and Wrigley in England³ using parish registers is as follows: data from marriage registers form the basis of the method and are collected first. Each marriage occupies its own form. The baptism registers are then searched for births relating to these marriages. Relevant data from the baptism registers are entered on baptism forms and then attached to the relevant marriage forms. Thus the individual families are reconstituted.

There are various problems associated with this technique which are obviated when civil registration is used as the data source. Parish registers record baptisms and burials, rather than births and deaths, so some vital events are missed, whereas civil registration of these events was, in Scotland, required by law.⁴ Secondly, civil registers contain data which are more detailed and consistent than those in older parish registers in particular, which often contain only names and dates of

¹Two recent PhD theses which use the technique are Alan J. Gilloran's "Family Formation in Victorian Scotland", (Edinburgh, 1985) and Stephen Paul Walker's "Occupational Expansion, Fertility Decline and Recruitment to the Professions in Scotland 1850-1914", (Edinburgh, 1986).

²M. Fleury and L. Henri, Nouveau manuel de dépouillement et d'exploitation sommaire de l'état civil ancien (Paris, 1956)

³E.A. Wrigley (ed), An Introduction to English Historical Demography (London:Weidenfeld and Nicolson, 1966)pp96-159

⁴Birth registration by parents did not become compulsory in England and Wales until 1876 although registration began in 1837 whereas registration was compulsory in Scotland from its institution in 1855. This is not to say that all vital events were always recorded but that civil registration figures are a far more accurate reflection of vital events than are parish registers. For a discussion of civil registration in Scotland see Michael Flinn (ed), Scottish Population History (Cambridge: Cambridge University Press, 1977)p87-91

registration, with other items of information recorded at the whim of the individual parish minister. More general limitations and problems inherent in the technique will be discussed later.

Just as Banks attempted to measure changes in middle class fertility over the second half of the nineteenth century in Victorian Values, so I decided to try and ascertain whether professional men were having smaller families as the century progressed. For this purpose two marriage cohorts were chosen, twenty years apart.

Initial decisions had to be made regarding the geographical and temporal location of the families under study; that is, the registration districts and the marriage cohorts.

Registration Districts

A study of any aspects of the behaviour of professional people is most realistically carried out in an urban setting since it is in the cities that the professional occupations are concentrated. Edinburgh was chosen since it had, as an administrative, commercial, educational and legal centre, the highest percentage of professionals to total employed males of all the

major towns of Scotland in the later nineteenth century, as the table below shows:¹

TABLE 3.1

Percentage of Professionals to Total Employed Males

	<u>1861</u>	<u>1871</u>	<u>1881</u>
Edinburgh	6.06	7.62	6.98
Aberdeen	3.31	4.48	3.92
Dundee	1.44	2.06	1.68
Glasgow	1.96	2.55	2.31

All the registration districts in Edinburgh were chosen except for that of Canongate (Registration District Number 6853), in which most of the older, slum property of the city was concentrated and which contained a much smaller proportion of professionals than elsewhere. This left districts 6851, 6852, 6854, 6855, 6856 and 6857 - enough registers to ensure sufficient families.

Marriages tended to take place in the bride's parish, so the location of the marriage itself often does not reflect the area in which the couple will live and work; therefore only those marriages of bridegrooms giving an Edinburgh address as their usual residence were used.

¹Figures are taken from the census reports of 1861, 1871 and 1881. The categories vary from census to census; for example, the figures from 1861 include "Persons engaged in the Learned Professions, or in Literature, Art, and Science (with their immediate subordinates)", whereas those from 1881 are simply "Professional Occupations".

The Cohorts

Two five year marriage cohorts, twenty years apart, were chosen. The size of the cohort is arbitrary, but five years ensures that a reasonably sized sample is obtained and that individuals within the sample are all sufficiently of the same 'era' to allow some homogeneity in the way they experience the wider society.

To ensure that no births were missed in the search through the registers and as an indication of deaths, the census was used to check the completed families. Since the use of the census is restricted after 1891, and since the earliest date of registration is 1855, there was, in fact, little choice of cohort dates; the second cohort could not end later than 1881, allowing the 1891 census to be used to check the accuracy of the family reconstitutions. The cohorts chosen were July 1856 to June 1861 and July 1876 to June 1881, thus giving a comparison of family size and building patterns of Edinburgh professionals over twenty years, and covering the date of the onset of the overall fertility decline in Britain.

Procedure for Family Reconstitutions

The basic unit of the family is the marriage so I began by searching through the marriage registers from July 1856 to June 1861, and from July 1876 to June 1881, extracting all marriages to professional men¹ who gave their home addresses as being in Edinburgh. There was a major rearrangement of registration districts in 1858 but, since all the districts in Edinburgh were used apart from district number 6853, which remained

¹That is all men whose occupations can be defined as professions according to the criteria set out at the beginning of this chapter.

unchanged throughout the nineteenth century, this did not pose any problems.

When this collection was complete I had the following information on each marriage: place of marriage; date of marriage; type of religious ceremony; name, age, occupation, marital status and usual residence of bride and groom; occupations of parents of bride and groom. Information on each marriage was stored on a separate sheet and details of births, as collected, were attached to relevant marriages.

The search through the birth registers was extremely time-consuming, involving looking at each entry in every birth register until the turn of the century. Relevant births were found by examining the entry to each child born of a professional father, which was then checked against an alphabetical listing of all marriages in the cohorts. The search began with the 1856 registers and those from 1876 were used for both cohorts. By 1901 it was likely that very few marriages in the second cohort (and none in the first) would still be fertile, but a search continued, for possible births to surviving wives still under the age of fifty.¹

The next stage was the census check. This was necessary to ensure no births were missed as a result either of a birth taking place away from home or of human error. If a child appeared in the census for whom no birth entry had been copied the birth could then be traced, since the census gives age and settlement of birth of each individual in the household.

¹This allows a more generous fertile period than Wrigley who, in Population History, argues that "survival of the wife to age 45 in marriage defines a completed marriage in the demographic sense." (London:Weidenfeld and Nicolson, 1969)p87

The census also pointed to any deaths in the family, providing a shortcut to searching every death register of the period for relevant deaths.

Using the census

Some shortcut to finding individual families in the census returns was necessary. The Post Office Directories turned out to be invaluable here as most men of professional standing were listed. It was decided that even though some families would be lost to the study due to absence from the P.O. Directories there was no alternative but to use them, as no other way could be found of tracing addresses, except in the case of men who were members of a profession with its own directory. Such men were invariably listed in the P.O. Directories anyway, along with others, such as teachers, for whom no systematic register or directory existed at this time. Thus inclusion in these Directories became one criterion for inclusion in the study. Apart from those who chose not to be listed in the P.O. Directories failure to appear was attributable to either very early death or, by far the most common reason, geographical mobility (out of the Edinburgh and Leith area). It will, of course, be understood that addresses on birth entries could not be used to trace families in the census as this would bias the study in favour of larger families.

Of the 180 first cohort marriages, the completed families of 71 were traced and checked in the census. Of the 218 second cohort marriages, the reconstituted families total was 80. Thus the reconstitutable families formed roughly thirty-eight per cent of the total number of marriages. Arguments about the dubious typicality of the 'reconstitutable minority' do not apply here. Most untraceable families were so because they left the Edinburgh area before the completion of the marriage. Since the subjects

of this research are Edinburgh professionals and their families only those families who remained in Edinburgh throughout their married lives are relevant.

The 1861, 1871 and 1881 censuses were used to check the first cohort families. For the second cohort, however, it was possible only to use two censuses, those of 1881 and 1891, since the 1891 restriction prevented access to any more recent census enumerators' books. It was therefore important to measure any first cohort births which would have been missed if it were not for the final census check, in order to evaluate the likelihood of any being missed in the second cohort, in the absence of this final census check. It was found that only one birth would not have been collected without the use of the 1881 census, a quite insignificant number.

A further problem associated with this restriction on census data was that there was no shortcut after 1891 to searching for possible deaths of children or parents. It was therefore necessary to pursue a painstaking search through death registers from 1891 to 1901 using the index.

The census also provided further information on the families, such as the number of servants resident in the household and the number of rooms with windows in the house. These data were later used as some indication of the economic and social status of individual families.

Computer analysis of family reconstitution data

The data had to be coded and fitted into a matrix for analysis by SPSSx. SPSSx was used to perform basic statistical tests on age (especially of wife) at marriage, children ever born, children surviving, age of wife at last



birth, length of last birth interval, and sex ratios of children. The same measurements were repeated, for a more valid comparison between the cohorts, using only marriages where the age of wife at marriage was less than 31 and the duration of marriage greater than fifteen years. Finally, the cohorts were compared for characteristics such as religion, occupation of husband and "Social Status Group" (or "SSG") of husband's and wife's parents. The results will be discussed in Chapter six.

SPSSx was used only for simple statistical analysis. The family reconstitution method did not produce enough data for any more sophisticated computer analysis. However, it had the advantage of generating quite detailed data on family building patterns. It was possible, therefore, to use the data to find patterns and relationships which could then be pursued using qualitative data on the individual families concerned. In particular, spacing and stopping patterns of family limitation could be readily identified, providing valuable insights into the ways in which the smaller family was achieved.

Qualitative data on individual families

After the family building patterns and sizes had been analysed on an aggregate level, and individuals within the study compared, the case study approach was employed so that the advantages of a small but detailed data set might be exploited to the full. Individual families with "ideal type" sizes and family building patterns were examined in detail using all the available qualitative data. In this way it was possible to 'test' the hypotheses regarding family size and structure and the development of modern professionalism on a number of actual families which typified

these aspects of professional families in the second half of the nineteenth century.

Often, apart from census data on house size and number of resident servants employed, the data on individuals were confined to educational qualifications (as in the Medical and Dentists' Registers¹) and career progression (as in The History of Writers to the Signet²). Such information was extremely valuable as it made it possible to place individual professionals in terms of their position within the contemporary professional hierarchy.

As the study of historical events takes on the methodology of social science, which is closely aligned in intention to the natural sciences, there is a tendency to work in a 'hypothesis testing' framework which is often static and unimaginative. This framework also poses problems for much social history research since it is rarely possible to collect data in a form which has both internal and external validity. Internal validity is lost when the sample used is inappropriate to the theory being tested and a study will lose external validity if the data are trimmed to remove anomalous cases which will not fit the theoretical framework, thus reducing the numbers until they cannot be said to represent the population they are supposed to represent.

The rest of the data analysis will return to the softer, more intuitive approach adopted by historians to draw inferences from the available data.

¹The Medical Directory and General Medical Register and Dentists' Register, (London: J & A Churchill)

²History of the Society of Writers to His Majesty's Signet, (Edinburgh: University Press, 1936)

Although from the moment this method is adopted we can no longer 'prove' anything regarding the nineteenth century fertility decline we are able to give plausibility to imaginative suggestions which lie within the data. Thus we can prove that the fertility of middle class professionals in Edinburgh declined from the 1850's to the 1870's (as the computer analysis shows) and that certain explanations are worth pursuing. But "manual" data analysis from this stage draws us away from quantitative analysis before there is any danger of reducing the data's validity. At the same time a method is being adopted that has much wider possibilities than the scientific, theory testing approach, one which allows the data themselves to suggest new theoretical propositions.

In the case of some families, data were available from which some inferences could be made regarding attitudes and values relating to their professional and personal lives. As advocates, members of the Society of Accountants of Edinburgh, and Fellows of the Royal College of Physicians, many of the men in the cohorts were prominent professionals and some were prominent Edinburgh citizens. As such, some biographical information on them appears in works such as the Dictionary of National Biography¹, and Edinburgh and the Lothians at the Opening of the XX Century, Contemporary Biographies.² Occasionally, as in the case of Robert Rainy from the first cohort, full biographies were published.³ More frequently, but more rarely containing any useful data, are to be

¹ Sir Leslie Stephen and Sir Sidney Lee (eds), Dictionary of National Biography (Oxford University Press, 1917)

² W. T. Pike (ed), Edinburgh and the Lothians at Opening of XX Century, Contemporary Biographies, (Edinburgh: Pike & Co., 1904)

³ Patrick Carnegie Simpson The Life of Principle Rainy (London: Hodder and Stoughton, 1904).

found writings by the men themselves. Used with care and with the same reservations as those for the more general study of professionals and marital relationships, all these sources can provide valuable insights into the values and concerns of the men under study. These case studies are presented in Chapter seven.

Chapter 4

Professions, Professionalism, Professionalization and Family Limitation

Introduction

The professions were chosen as the focus of this study because they were, according to all the evidence available at this point in time, the 'pioneers' of the smaller family in both Scotland and England and Wales. When a group of occupations has a recognizable identity which marks it off, in status terms, from other occupations, this is likely to have significance for the lives of the job incumbents, extending beyond the parameters of their work-place activities. Conversely, the fact that most of the 'pioneers' of the smaller family fall into this group of occupations seems significant. The question, then, is: what is it about being a professional in the later nineteenth century that might be conducive to family limitation?

There is a large body of sociological literature on the professions, how they are defined and their role in society.¹ Valuable as such theoretical works are, they tend to gloss over the importance of temporal location, how the role and status of the professions has evolved over the last two centuries. Theories of professionalization generally use the trait approach which, as Stephen Walker notes, is inappropriate when recognition of

¹See, for example; A. Carr-Saunders and P. A. Wilson, The Professions (Oxford: The Clarendon Press, 1933); G. Millerson, The Qualifying Associations: A Study of Professionalization (London: Routledge and Kegan Paul, 1964); J. Ben-David, "Professions and the Class System of Present Day Societies", Current Sociology 12 (1963-4); P. Elliot, The Sociology of the Professions (London: Macmillan, 1972); R. Lewis and A. Maude, Professional People (London: Phoenix, 1952); T. J. Johnson, Professions and Power (London: Macmillan 1972); J. A. Jackson (ed.), Professions and Professionalization (Cambridge: Cambridge University Press, 1970).

professional status in the Victorian period is the issue.¹ To ensure that the 'professionals' in this study were considered to have professional status in their own period, a modification of the Registrar General's category "Professional Classes" is used here. I will return to this problem after discussing the meaning of professional status in later nineteenth century Scotland and its implications for family limitation.

Professionalization in the nineteenth century.

The development of the professions as a new social sub-stratum was preceded by the economic, technological and political changes associated with industrialization. Rapid population growth, the growth of towns and the consequent need for public services, and the changing nature of business organization and the manufacturing industries all contributed to an expansion of demand for various skilled occupations which were not directly related to the production of wealth. As Raynor argues;

"It was industrialism that called into existence a whole range of new professions and trades to minister to its needs - engineering, accountancy, surveying - as well as helping to expand the old professions of medicine, law and teaching."²

During the nineteenth century these and other similar occupations established, or consolidated, their claims to the status of professions, a status accompanied by certain rights allowing their members a large degree of control beyond the dictates of market forces.³ This occurred as

¹Walker, S. P. Occupational Expansion, Fertility Decline and Recruitment to the Professions in Scotland 1850 - 1914. Unpublished Ph.D thesis. Edinburgh 1986.

²J. Raynor, The Middle Class, (London and Harlow, Longmans, Green and Co. Ltd., 1969, 18

³See R. J. Reader, Professional Men, (London: Cox and Wyman Ltd, 1966; and G. Millerson, The Qualifying Associations

part of a wider reconstruction of the social, economic and political ordering of British society which centred around the struggle for power between the industrial bourgeoisie and the landed classes and was politically expressed in the 1832 Parliamentary Reform Act. The later nineteenth century professions emerged from this struggle during which they had to identify with the aristocracy or with the rising entrepreneurial class or, as Berlant explains, create for themselves a unique corporate identity with its own status and privileges, regardless of the outcome of the struggle between the two major economic classes.¹

Some of the professions with which this study is concerned were modern occupations with no clearly recognizable precedent, such as engineering. Others, such as medicine, had existed for centuries but underwent changes in the nineteenth century as a response to new opportunities. At any rate, by the late nineteenth century they had in common the status of 'professions', set apart from other occupational groups by the nature of the skills and services they had to offer and the bargaining power their members could command.

The evolution of these occupations did not occur merely as a side effect of other societal changes but was consciously pursued by the professionals themselves. Moreover, it was the lower ranks in medicine and law who

¹J. L. Berlant, Professions and Monopoly, (London: University of California Press Ltd, 1975).

demanded 'modern type' qualifications. Such reformers

"belonged to the same energetic, ambitious, serious minded middle class which at the same time was demanding reform elsewhere in the national life, not least in morals and in politics."¹

This point will be returned to later.

The process of professionalization of medicine is well documented and was largely fought out during the early part of the period under study. The medical profession therefore provides a useful example of how professional status might be achieved and the meaning professionalism had for its members.

Before the nineteenth century, in England, the practice of medicine was in the hands of three distinct occupational groups, each with different, although overlapping, functions, different status and recruitment patterns: the physician, usually the younger son of a gentleman, classically trained and with the family connections necessary for an appointment at one of the hospitals; the surgeon, whose training and status was nearer to that of a craftsman; and the apothecary, who was basically a shopkeeper but also made visits to his patients. In Scotland the situation was slightly different in that the general practitioner emerged from the late eighteenth century. These were men who combined the skills of the physician with a knowledge of surgery and pharmacy gained through a unique medical education system involving the integration of a wide range of subjects.² In order to obtain a degree or licence to practice,

¹Reader, Professional Men, 50

²Noel and Jose Parry, "Social Closure and Collective Social Mobility", in Industrial Society: Class, Cleavage and Control, ed. Scase (London: B.S.A.,1977) p105

the Scottish physician had to engage in a course of university study lasting three years and pass an examination held by one of the eight bodies in Scotland with the power to grant medical degrees or qualifications. However, unless he intended to practice in or near Edinburgh or Glasgow, it was quite unnecessary for him to obtain any qualification. Instead, it was customary for a young man to indenture himself as an apprentice to someone already in medical practice, and to learn the practical side of medicine and surgery.¹

During the early nineteenth century, as the middle classes grew in number, the market for medical men expanded as there were more people able and willing to pay a doctor's fee. As the recruitment net widened, training opportunities opened up in the provinces and the higher status of university educated physicians was challenged.² Medical men who had been educated in Scotland played a very active role in the struggle for legislation regulating the qualifications of medical practitioners; many Englishmen took advantage of the Scottish medical schools, returning to England to seek a practice with a qualification not recognized outside Scotland. Their voices were added to those of the merging, practically trained, surgeons and apothecaries, who challenged the superiority of the England trained physician with his arts degree and medical extras.

¹John D. Comrie History of Scottish Medicine (London, Balliere, Tindal and Cox. 1932)p289

²See J. Anderson,"Medical Education and Social Change", in The Evolution of Medical Education in Britain, ed. Poynter (London: Pitman Medical Publishing Co. Ltd., 1966).

The 1858 Act to Regulate the Qualifications of Practitioners in Medicine and Surgery, generally known as the Medical Act, set up a General Council of Medical Education and Registration for the whole of the United Kingdom, comprised mainly of medical personnel. The function of the Council was to ensure that only suitably qualified persons could join the Medical Register and practice under the name of doctor of medicine, physician or surgeon. The Act marked a closing of the division between the gentleman physician, with his licence from the Royal College of Physicians, the Scotland trained medical practitioner, and the practitioner whose training was a combination of apprenticeship and theory. Medical degrees were granted by the growing numbers of medical schools outside London, and all British Medical degrees were recognized for admission to the register. Thus a recognized degree in medicine became a pre-requisite for entry into the profession, and a period of university education essential. The General Medical Council was also given powers to remove from the register the name of any practitioner guilty of improper conduct in any professional respect and so the principle of control of the profession by its own members was embodied in the law.

The crux of the identity of the new medical profession (and of the professions in general) was that its members were neither owners of a means of production nor simply traders of commodities, but providers of a service based on a body of specialized knowledge and skills. From this position, the need for licensing was mooted in order to protect both the public and the profession itself from the practice, in its name, by persons not qualified to render an adequate service. For medicine, this was achieved in 1858 with the help of the state since the new Poor Law

regulations required the employment, by the state, of medical practitioners, and since the new public health movement involved cooperation from medics. As Anderson shows, the 1858 act

"was due almost entirely to the demands of the doctors, who wished to establish high educational and ethical standards in the profession. However, society and Parliament attempted in the Act to safeguard the public rather than promote the interests of the profession."¹

In order to distinguish worthy practitioners from quacks, licences were granted for which examinations had to be passed, and so the education of physicians and surgeons was tightened up throughout this period.

It may seem at first sight that the movement towards licensing, which would result in the creation of monopolies, would have been in direct opposition to the bourgeois liberalism and laissez-faire economic theory which dominated mid-Victorian policy making. Yet in the campaign for the licensing of doctors, Adam Smith's own arguments were used to show that a strict application of the laissez-faire principle was inappropriate when a service rather than a trade was at issue. In The Wealth of Nations, Smith argued that since we trust our health to physicians

"such a confidence could not be safely reposed in people of a very mean or low condition. Their reward must be such, therefore, as may give them rank in society which so important a trust requires."²

¹J. Anderson, "Medical Education and Social Change", 211

²Quoted in J. Anderson, 213

Doctors argued that only members of the profession themselves were in a position to judge who was deserving of such trust - only those who had themselves acquired specialized knowledge and skills were able to recognize them in others. Thus the medical profession closed ranks and achieved control over the practice of medicine, monopolising the service and enhancing their market position, in the name of the common good. The basis of their ability to achieve this was their superiority in terms of rational understanding and scientific control of certain aspects of life.

The origins of the medical profession testify to the very diverse social origins of its members, a phenomenon which is evident in most of the professional occupations during the period of their formation or modernization. Reader explains that whether a boy was

"apprenticed to an attorney, an apothecary, a surgeon, or to some other tradesman - perhaps a skilled artisan - would depend on opportunity, family connections, and parents means more than on the relative social standing of those various occupations."¹

Under the pre-Medical Act Scottish system, medical practitioners came from a wide range of social backgrounds. So the physicians and surgeons who constituted the basis of the medical profession ranged from the sons of lower middle class families, through to the younger sons of gentlemen.² A significant effect of the new control over entry, and the growth of prestige of the profession, was that the social background of entrants was later to become stereotyped.³ This effect was not confined to

¹Reader, Professional Me p48

²As a result of a more 'democratic' education system, in Scotland the opportunity to join the profession extended to the very bright and ambitious working class lad.

³Philip R. Jones, Doctors and the B.M.A. (Farnborough, Gower Publishing Co. Ltd., 1981) p21

the medical profession, but gradually appeared among the professions as a whole as each adopted a policy of high educational requirements and self-regulation. The second half of the nineteenth century was a period of transition from the gentry dominated professions to the modern professions, with their standardized and essential qualifications. As these new professional men established themselves, so the traditional professionals, whose status rested on gentlemanly bearing and links with the landed gentry, gradually ceased to dominate the professions. Their dominance was replaced by greater group solidarity with, as I will show later in this chapter, a set of values associated with modern professionalism. Although my argument is that the development of a corporate identity arising out of the nature of professionalism was crucial to the family building patterns peculiar to the professions in the later nineteenth century, the diversity of status origins had, as will be shown in chapters six and seven, important implications for the range of family building patterns and sizes among the professions in the third quarter of the nineteenth century.

The professionalization of medicine is clearly illustrated by the Medical Acts of 1858 and 1886. Less dramatic changes occurred in other established professions, such as law, where the process was one of raising educational standards rather than the imposition of new entrance requirements and qualifications. In 1882 James Grant wrote, in Cassell's Old and New Edinburgh, that the qualifications for admission as a Writer to the Signet were:

"an apprenticeship for five years with one of the members, after two years attendance at the University, and on a course of lectures on conveyancing

given by a lecturer appointed by the Society, and also on the Scottish Law class in the University."¹

Pressure for reforms of the universities, such as stiff entrance examinations designed to raise standards, came from groups with large numbers of lawyers. This was part of the process whereby the universities were under scrutiny and expected to adapt themselves to meet the professional and status requirements of the expanding middle class.² This improvement in the standard of education for the legal professions was also evident in Sir J. H. A. Macdonald's autobiography, in which he describes the necessary educational requirements for practice as an advocate: two years university education was the minimum accepted, with examinations in three languages, logic and metaphysics, as well as civil law, Scots law and conveyancing, and the submission of a thesis. He passed his Bar exams in 1859 when, he argued, they were less farcical than in previous times, except for the thesis, which was normally bought!³ Over the next few years this practice also died out.

This raising of educational standards parallels developments in those occupations which only gained professional status in the later nineteenth century, when licences, qualifications and membership of a professional association became increasingly important. One such 'marginal' profession was dentistry, whose struggle for professional status and

¹James Grant, Cassell's Old and New Edinburgh (London, Cassell, Petter, Galpin and Co. 1882)p167

²R. D. Anderson, Education and Opportunity in Victorian Scotland (Oxford, Oxford University Press. 1983)p27

³Sir J. H. A. Macdonald, Life Jottings of an Old Edinburgh Citizen (Edinburgh, T. N. Foulis. 1915)p289

organization was not completed until well into the twentieth century.¹ This struggle was initiated in the 1850's by that minority of dental practitioners who had undertaken medical or surgical training, and gained some ground when an amending clause was added to the Medical Act which led to the institution, by the Royal College of Surgeons, of dentistry examinations and the award of certificates. That it was an uphill struggle is evident from Alfred Hill's account, published in 1877, the year preceding the Dentists Act, in which he claims,

"It may be safely affirmed that, at the time when this record commences (thirty years before) the great bulk of dentists practising in the United Kingdom, of whom there were some hundreds, were, as a class, sadly lacking in scientific knowledge. Scattered through the cities and towns of our land were to be found those who evidently had no idea of what a profession, as such, demanded at their hands."²

In 1878 dentists achieved what medical practitioners had twenty years previously, with the setting up of a Dentists Register for entry into which special dental education was required. It was, however, still possible to practice as a dentist until the Dentists Act of 1921 closed the profession under the Dental Board of the United Kingdom.

What the 1878 Act achieved was a principle which gave dentists professional status although it was still possible for individuals to set up as practitioners with minimal dental education. The 1881 and 1891 censuses for Scotland show that nearly a quarter of men who gave their occupation as dentists were under the age of twenty so we can assume that

¹There is not a great deal of literature dealing with the history of dentistry. Information here comes from: Alfred Hill, Dental Reform in Great Britain (London, Trubner and Co. 1877) and Menzies Campbell, Dentistry Now and Then (Privately printed, 1963)

²Hill, op.cit. p2

they had not undergone a very lengthy period of education for the profession.¹ Nevertheless, the principle was established, the movement for tighter control gained ground, dental schools were set up where medical schools existed, the science of dentistry developed and it was only a matter of time until all dentists were highly educated. During this transitional period in the history of dentistry, from 1850 to 1921, the 'profession' encompassed a wide range of practitioners with a steady progression towards the better educated and qualified men who could exact higher fees than the basic tooth extractors.

The rise of the professional accountants was promoted at a local level, with the major cities in Scotland each setting up its own society of chartered accountants with their own entrance requirements. Successful as the efforts of these organizations ultimately were in raising the status and standards of accountants throughout the later nineteenth century this was an occupation with incumbents ranging from the simple accountant who was office trained and had much in common with the writer or bookkeeper, to the exalted member of a professional society such as the Society of Chartered Accountants of Edinburgh, formed in 1854, or the Institute of Accountants and Actuaries in Glasgow, chartered in 1855.²

The Chartered Accountants of Edinburgh were of notably high status, and

¹Note that in the census dentists and dentists' assistants appeared in one category so many of the younger men registered in this category may well have been assistants training to be fully fledged dental surgeons.

²Richard Brown, A History of Accounting and Accountants (London, T.C. & E.C. Jack. 1905)

had become established as professionals early on; this was

"not simply due to the SAE (Society of Accountants of Edinburgh) being the first organization of accountants to become incorporated. Rather, it was based on a characteristic of the pre industrial kind; upon an occupational and social association with a traditional profession of unquestioned standing: Edinburgh lawyers."¹

As with dentistry, the variously trained accountants co-existed, with the better qualified serving the more prestigious clients, and for higher fees.

Not all occupations which had enjoyed a degree of autonomy and prestige in the early nineteenth century were successful in their professionalization strategies during this later period. Teachers, who again were by no means homogeneous in terms of educational background, skills and status, failed to close ranks and master a strategy before the state interfered and the educational reforms, starting with the 1872 Act, effected a death blow to their attempts to establish self-regulation.² The act introduced a national system of education and compulsory education for all children over the age of five. Two major implications for teachers were: that the Scottish system was subsumed under 'English assumptions, criteria and mechanisms'³ threatening Scottish teachers' traditional prestige and influence; and that demand exceeded supply. Since teachers had not yet established the principle that they should control entry into the profession the vast influx of new teachers had the effect of lowering the profession's status. This was partly

¹Walker, Op. Cit. p22

²Parry and Parry, Op. Cit. makes a useful comparison between doctors and teachers in this respect.

³Douglas Myers, "Scottish Schoolmasters in the Nineteenth Century: Professionalism and Politics." in Scottish Culture and Scottish Education, ed. Humes and Paterson (Edinburgh, John Donald Publications Ltd. 1983) p81

due to the fact that women had always had a place in the profession, albeit a lowly one, thus opening the door to an influx of new women teachers throughout the education system.¹ The feminization of a profession in this period *ipso facto* reduced its status and earning potential. Those men remaining in the profession at the female dominated, primary school level, never again enjoyed the prestige that was theirs in the earlier part of the century.

Education for the professions

By the 1880's higher education was a requirement for entry into the professions. The exact nature of this education varied but for many (medicine, the legal profession, the ministry, certain levels of teaching) it normally meant a university degree and for others, such as Chartered Accountants and qualified dentists, some university attendance was necessary. Since the issue of changing educational requirements for the established professions is the key theme in a major work on the decline in marital fertility of professionals in England and Wales,² the implications of this change in Scotland will now be explored. University education in Scotland will be compared with that in England, to examine Banks' theory in the context of British professional men who had similar marital fertility rates but whose education, and whose sons' education, was different in many significant respects.

In England, obtaining a degree was a very expensive business, beginning with some years at a suitable school (often one of the reputable public

¹Helen Corr, "The Sexual Division of Labour in the Scottish Teaching Profession, 1872-1914." in Humes and Paterson. *ibid*.

²Joseph Banks, Victorian Values (London: Routledge and Kegan Paul, 1982)

schools) and ending after at least three years, usually at Oxford or Cambridge.¹ The standard of living of an English student in the nineteenth century was generally high, involving residence in a University College, since it was considered part of the education of a young gentleman to room in college with its traditions and formalities. Students studied under a tutoring system, which was a much less economical method than the lecturing of large numbers of students which is the norm in today's universities. At the end of the three years students graduated with an arts degree, a thorough knowledge of Latin and Greek, and the possibility of continuing their studies in some specialized field such as medicine.

In Scotland recruitment to the universities was more 'democratic'; in England in 1884 to 1885 the ratio of university students to population was 1:5000, in Scotland it was 1:617.² Even allowing for the fact that a number of Scottish university places were taken up by students from outside Scotland, the chance of getting a university education was far greater in Scotland than south of the border. The explanation for this difference is that entrants to Scottish universities most often came directly from the elementary schools and because university education was markedly cheaper in Scotland than elsewhere. Indeed Scotland had a tradition of giving working class lads the opportunity to develop their intellectual talents by following a direct route from church aided parish schools to

¹For a discussion of the educational path taken by professional men in the second half of the nineteenth century in England see Joseph Banks, Prosperity and Parenthood, Ch.9

²Mary E. Finn, "Social Progressivism and Secondary Education in Scotland, 1885-1905", in Scottish Culture and Scottish Education, ed. Humes and Paterson (Edinburgh, John Donald Publications Ltd. 1983)p180

universities.¹ Although it is important not to overestimate the importance of this phenomenon (conjuring up romantic pictures of the ragged sons of agricultural labourers gaining university degrees and becoming eminent physicians and advocates) the significance of Scottish universities' 'openness' should not be overlooked. In particular, it allowed, for example, the sons of dentists to join their father's profession in spite of the demand for new qualifications.

Secondary school education was also markedly cheaper for Scottish pupils; most middle class boys attended a public day school, of which there were a number. In Edinburgh, as a result of the setting up of the Merchant Company schools in the 1870's, a good education which usefully prepared boys for university could be easily obtained for a "very moderate outlay".²

The major differences between the Scottish Universities and those in England were outlined in the Report of the Schools Inquiry Commission in 1863, which investigated claims made by the fee paying schools that many students omitted their last year or so at school and went straight to university where the same level of education was reached at a lower cost to the student. The report stated that the universities were popular and open in their constitution, required no matriculation exam and offered extremely cheap education enabled through large classes and a short academic year (running from November to April). Figures for attendance at these classes in Edinburgh are given in the 1878 Report of the Royal

¹George Davie, The Democratic Intellect (Edinburgh, Edinburgh University Press. 1964)

²Macdonald, Op. Cit. p427

Commissioners on the Universities of Scotland: they ranged from one to five guineas, most falling within the two to four guinea range. A comparison of these amounts with the cost of gaining a degree anywhere in England shows a very substantial difference. Peterson shows that the cheapest medical education procurable in England in the 1880's was £185 to £300.¹ In Edinburgh, a careful student might manage on £90.² Furthermore, the shortness of the university term allowed the poorer student to alternate periods of study with periods of work, not only providing him with funding to see him through his education, but also providing practical experience. Similarly, James Nasmyth, a nineteenth century civil engineer, combined private work as an assistant workman to an established London engineer with five years at the Edinburgh School of Arts.

Education was becoming increasingly important to these sections of the middle class, not only because the need for formal educational qualifications was imperative for entry into the professions, but also because this group had developed a value system of which personal development through intellectual accomplishment was a part.

Universities were used, in Scotland and in England, as 'finishing schools' as well as for vocational training purposes, and the values of classical and liberal culture were being taken on by sections of the middle class as well

¹M. Jeanne Peterson, The Medical Profession in Mid-Victorian London, (California and London: University of California Press Ltd, 1978), p75

²Both figures include living expenses during term time. The figure for Edinburgh is taken from Charles Stewart's estimate in Haud Immemor (Edinburgh, William Blackwood and Sons. 1901). Stewart's estimate is for arts classes, but a comparison with medical and surgical classes in the 1878 Report on the Universities of Scotland shows similar costs.

as gentlemen.¹ Although this implies emulation of the gentry, it should be remembered that the general arts degree at a Scottish university had a strong science content, providing broader scope than the traditional classical training of gentlemen. Thus education served to reinforce the identity of the professionals as a recognizable section of society with high status, while the requirement for paper qualifications assured their control over their market position.

The meaning of professionalism in nineteenth century Scotland

It has already been stated that the modern professionals have little relation to their predecessors, the physicians, advocates and clergymen of the eighteenth and early nineteenth centuries, with their close links with the landed gentry. It was also suggested that the modern professions had a group identity with a set of values related to the new approach to the business of being a professional man. These values, it will later be argued, were to influence the marital and familial relationships of later nineteenth century professionals in such a way as to encourage family limitation.

In The medical Profession in Mid-Victorian London, M. J. Peterson shows how the medical profession transformed itself from its early nineteenth century fragmented collection of occupations with differing duties, legal

¹R. D. Anderson, Education and Opportunity in Victorian Scotland (Oxford, Oxford University Press. 1983)

privileges and social ranks and concludes

"The modern professions - whose archetype is medicine - fostered group solidarity, loyalty, and exclusiveness, regardless of differences in general education, ascribed social rank, or economic standing."¹

The basis of this group identity is the possession of knowledge and expertise and an occupational role requiring a scientific approach and understanding.

Biographical works of and about professional men practising in nineteenth century Scotland frequently make mention of these changes. Sir Henry Holland, a medic practising in London and educated in Edinburgh and Glasgow, writing in 1872, remarks not only on changes within the professions but also on the wide ranging effect they had on society over the last fifty years of his life. He places particular emphasis on the extension of physical science and the demand for evidence in all areas of human enquiry and endeavour. Associated with this was the demise of the importance of familiarity with the classics - the classical scholar was not held in the same estimation as fifty or sixty years previously. This new emphasis led to a re-evaluation of previously taken for granted ideologies, opening up controversy in many areas. For example, in a discussion of the effect of this 'scientific' emphasis in religion

"the question as to spiritual inspiration has been revived under the growth of that more subtle sceptical spirit which, whether derived or not

¹Peterson, 1978, p287

from the methods and teachings of physical science, has applied itself to every department of human enquiry, and will continue to do so."¹

The conflict between the church, representing both the established professionals and "anti-science", and the scientific approach of the modern professionals was brought into focus over Darwinism in 1859.

Robert Munro, who graduated M.A. at Edinburgh University in 1860 and proceeded to accumulate the degrees of M.D. and L.L.B. described it thus:

"It appeared to my untutored mind that the real problem at issue was whether the spiritualistic beliefs, superstitions and divine revelations, long stereotyped as the sole standards for the moral guidelines of mankind, were henceforth to be modified by the materialistic methods of research then being adopted by various writers in accounting for the origin and speculating on the history of humanity."²

He goes on to explain that

"No well educated person now looks askance at a professed disciple of Darwin, even should his profession be the teaching of religion."³

This argument demonstrates the conviction that science won over the minds of educated individuals including, of course, all professional men. The implications of this shift appear later in Munro's autobiography, where he argues that reason and knowledge will drive away disease, not fasting and prayer.

Another medical practitioner brought up and educated in Edinburgh, in a very pompous, self-important piece on new directions in medicine,

¹Henry Holland, Bart., Recollections of Past Life. (London, Longmans, Green and Co. 1872)p270

²Robert Munro, Autobiographic Sketch. (Glasgow: Madehouse, Jackson and Co., 1921)p8

³ibid. p9

argues that

"the ultimate fruit of uncontrolled human nature is pain and misery and indeed that all suffering and trouble are purely the result of the lack of the *wisdom that guides and the power that controls* ." (my italics).¹

And finally, a quote from Napheys' book of advice to the "Maiden, Wife, and Mother" which deals directly with issues pertinent to the marital relationship:

"Knowledge is safety; - safety amid the physical ills that beset us, - safety amid the moral pitfalls that environ us. Filled with this thought, we write this book. It is the Revaluation of Science to Woman. It tells her, in language which aims at nothing but simplicity, the results which the study of her nature, as distinct from that of man, has attained."²

This is the logical extension of the ideology of the modern professions. Such a philosophical and ideological shift is likely to affect all areas of life, since it is based on a re-evaluation of the relationship between man and the material world and, if accompanied by economic or social incentives to limit family size, would provide the necessary impetus for the practice of birth control.

The increasing importance of scientific methods and control over nature in certain professions is not sufficient explanation of why the professions as a group were the 'pioneers' of the smaller family. The notion that professionals had a group identity strong enough to affect their familial relationships to the extent that their families were in some way

¹ John Blackwood, Reminiscences. Personal. Professional and Philanthropic. (Edinburgh, Andrew Elliot. 1908)p205

² George H. Napheys, Physical Life of Woman. Advice to the Maiden. Wife, and Mother. (London; The Homeopathic Publishing Co., 1895)p1

significantly different from other families, relies on the idea that the role of 'professional' was the *primary role* of men engaged in these occupations in the later decades of the nineteenth century. Again, the writings of and about professional men over the Victorian period can be used to trace the Victorians' own perceptions of the changing role of the professional.

Biographical evidence suggests that the gentleman professional, who dominated the early to mid-nineteenth century professions, was a gentleman first and a professional second. Describing the early career at the Bar in Edinburgh of Sir David Wedderburn from 1861, E. H. Percival points out that

"he and others like himself whose legal avocations were almost nominal would leave at luncheon time. The rest of the day with him was absolute leisure, leisure well employed, the very reverse of absolute idleness."¹

Similarly, Sir J. H. A. Macdonald, called to the Bar in 1859, earned only five guineas in his first year of practice. Much of his time was spent at Parliament House waiting for cases to defend. Even more was spent on the gentlemanly pursuits of travel and classical reading.² This approach to work was not confined to the higher legal professionals; the popular image of medical students in the 1840's was one of hard living and frivolity³ and the practice of a qualified doctor from an upper middle class family rarely interfered with his sporting and social life.

¹E. H. Percival, Life of Sir David Wedderburn. Bart., M.P. (London, Kegan Paul, Trench and Co., 1884)p34

²Sir J. H. A. Macdonald. Op. Cit.

³Peterson, Op. Cit.p40

By the 1870's the general tone of professional life had changed. Again from Henry Holland;

'the loiterers in life are fewer and the charm of a tranquil leisure is less appreciated and sought after.'¹

Holland claimed that life was faster, in the 1870's than the 1830's, in politics, commerce, literature, science, professional and social existence. On the same page and preceding this statement, he argues that there is a closer intermingling of the higher and middle classes of society.²

Although he does not explicitly claim a connection between the two, it is implied. Certainly, the history of professionalization in the nineteenth century suggests not only this intermingling within the professions, but also the rise of middle class, non landed entrants, the pervasion of their influence, and the increasing dominance of their values which promoted a serious attitude to work. The result was that, for the later nineteenth century professionals, their profession increasingly defined their role in society.

Joseph Banks also recognized a connection between the rise of the scientific attitude and family limitation, and the complexity of this relationship. A quote from his discussion of this issue applies equally to the above:

"emphasis of the development of the scientific attitude needs itself to be challenged and supported by a detailed study of the relationship between the concept of science and the phenomenon of family size before it may be said that this conclusion is validly drawn. The processes of social change do not consist of simple chains of events. They are essentially processes of

¹Henry Holland. Op. Cit. p268

²ibid. p267

mass action in which a few individuals behave for a long time in an untraditional manner before a sufficient number of their fellows follow suit to make it apparent that the tradition has changed, and the motives under-lying action present themselves as a complex web of interrelated opinions rather than as a single clear idea."¹

Where this thesis departs from that of Banks is in its emphasis on the rise of the professionals as a potent force in the creation of a set of mainstream values affecting marriage and the family, and changes in marital sexual relationships as two of the "motives underlying action".

¹Banks, Victorian Values, p204.

Chapter 5

Professionals, Family Limitation and Marital Relationships

Deliberate family limitation requires three basic preconditions: the incentive to limit the number of children in the family, the means to limit family size, and the acceptability of the use of these means.¹ All three preconditions were contained in the experience of the 'modern' professional of the later nineteenth century, his wife and their relationship. Since both the incentive and the means to family limitation can be said to have existed at other, earlier, times, and among other social groups, the element in the equation which needs most attention is 'acceptability'. This is also the most problematic area in terms of data collection and interpretation. Nevertheless, an attempt will be made to understand why professional men and their wives were more likely to have used certain methods of birth control than others in the later nineteenth century.

Incentives to limit family size will first be discussed but in no great detail since they have been identified and analysed satisfactorily by other writers concerned with Victorian middle class fertility, notably Joseph Banks. Much of what follows will draw on Prosperity and Parenthood and Victorian Values as starting points. This thesis owes a great deal to Banks' work on the 'pioneers' of the smaller family, accepts many of the sociological principles behind it, and attempts to deal with some of the questions which remain unanswered, largely due to the limitations

¹How this conclusion was arrived at is explained in Chapter 1.

imposed on Banks' investigations by the unavailability of relevant and reliable data.¹ The means to limit family size and their acceptability will be discussed together since, as was explained earlier, there is no theoretical advantage in treating them as discrete factors in birth control decision making. This is especially the case with those 'non-appliance' methods which had always been available and which, as Wrigley points out, were drawn upon in times of crisis long before the second stage of the 'demographic transition' was reached.²

Incentives to limit family size

The standard of living of the upper middle class in the later nineteenth century has been extensively researched and discussed by Banks. He concludes that although this group did not experience a decline in income, their expenditure on "the paraphernalia of gentility" (especially servants) was increasing.³ These symbols were particularly important to a rising status group, seeking to establish itself. In one sense, this was simply a matter of accepting the status symbols employed by the upper

¹The problems associated with Banks' use of quantitative data on family size in the 1911 Fertility Report have been discussed in Chapter 3. In Victorian Values, p77, Banks mentions the difficulty of ascertaining religious commitment or levels of education when very few of the pre-1871 marrying "pioneers" have left behind personal histories of any kind. One of the advantages of this study is that it has been possible to collect such information on a number of the individuals whose families have been reconstituted.

²E. A. Wrigley, 1981.

³Although E. Higgs, in "Domestic servants and households in Victorian England", in Social History, Vol.8: No.2. 1983, gives census evidence that many of the middle classes had no servants during this period, Davidoff argues that, by mid-century, professional households employed more than the average number of servants. 1987, p388. More recently, using a national sample from the 1851 census, Michael Anderson has shown that almost four fifths of professional, upper-managerial and large employer households kept at least one female servant, with an average of 1.74 per household. See "Households, families and individuals: some preliminary results from the national sample from the 1851 census of Great Britain" in Continuity and Change 3 (3), 1988, p428

class and adopting them in order to narrow the status gap. However, as well as symbols of wealth, symbols of the *identifying features* of the modern professional were a necessary part of their status-seeking strategy. In this respect servant-keeping performed an important function; servants were the embodiment of the principle that domestic order should be maintained by efficient management. So, in a sense, the stretching of the family budget to allow for the employment of servants can be seen not only as providing an economic incentive to reduce the number of children in a family but also as a reflection of the ideology of the importance of management in the domestic sphere, which might, in itself, act as a directive to family limitation.

One explanation of why upper middle class parents reduced the number of children they produced rather than making economies elsewhere rests largely on the increasing importance of an expensive education.¹ This economic incentive is less evident in Scotland during the period of the initial stages of the middle class fertility decline since, as the previous chapter demonstrates, education for the professions did not necessarily entail a significant financial burden on the parents. Nevertheless, as Stephen Walker's thesis shows, increased expenditure on education, particularly on sending a child to one of the more prestigious public schools, did increase his chances of gaining a good position in many of the professions.² In general, the relative marginal costs of each additional child in a family were not insignificant and family limitation was certainly consistent with economic prudence.

¹See especially Banks, 1981.

²Stephen Walker, 1986.

Another argument is that the increasing emphasis of the middle classes on domesticity and, by implication, the nuclear family and the individuals within it, entailed an increase in the emotional investment attached to each child. Both Banks and Branca employ this argument, although from rather different perspectives. Edward Shorter also describes an increasing emotional attachment to individual children over the nineteenth century.¹ In this context the employment of nursemaids by the middle classes illustrates the point made above concerning the different implications of live-in servants for the middle class and the upper class lifestyle and their rather different domestic values. As McBride argues, this group's employment of servants engaged in childcare was quite unlike the upper class' use of nannies which released parents from the necessity to spend time with their children. Instead, the nursemaid in the middle class household released mothers from the manual labour attached to the bringing up of children and allowed them to devote more of their time to interaction with their children.²

Thus there clearly existed incentives to achieve smaller families in the later nineteenth century in the shape of economic rationality and emotional benefits.

A further incentive lies in the middle class woman's experience of repeated pregnancies. Pregnancy, childbirth and the post-partum period are (and were even more in the nineteenth century) variously

¹Edward Shorter, The Making of the Modern Family, (Great Britain: William Collins Sons and Co. Ltd., 1976).

²Theresa McBride, "As the Twig is Bent": The Victorian Nanny", in S. Wohl (ed) The Victorian Family, (London: Croom Helm Ltd, 1978) p48.

uncomfortable, painful and dangerous.¹ Patricia Branca makes much of this factor in birth control decision making but tends to assume either independent contraceptive measures taken by women, or the simple compliance of men in deference to their wives needs or desires. Maclaren takes a similar line on the middle class fertility decline, arguing that

"it is possible to demonstrate that feminism and family planning were intimately related."²

An explanation of the onset of the fertility decline which centres on women's experiences and incentives is unsatisfactory given that middle class family sizes began to decrease during the nineteenth century when patriarchy was very much in evidence. As Banks argues:

"there is no evidence of any revolt on their part (upper middle class women) against the authority of their husbands over sexual intercourse, no evidence of what has been called 'domestic feminism'"³

Instead, we should seek an explanation which incorporates incentives on the part of the husband or wife and a method of birth control which would have been acceptable to both parties.

Means of birth control, their effectiveness and acceptability

Discussions of birth control methods are frequently structured around the notion of opposing categories, such as male versus female methods or appliance versus non-appliance methods. Both approaches make rather unhelpful assumptions about certain methods having significant common features. The male/female model tends to use rather simplistic assumptions concerning male and female sexual roles and has difficulty

¹See Chapter 2.

²Maclaren, Birth Control in Nineteenth Century England, p94

³Banks, 1981, p44.

dealing with a mutual decision to use a method which is carried out by one or other partner. (What is the significance of the pessary as a 'female method' if it is purchased by the male and inserted at his request?)

According to the second model, coitus interruptus would be placed in one category and the condom in another. Yet there are many arguments for putting them together; for example, both require conscious action for birth control by the male but not necessarily by the female. More relevant to my own arguments is that coitus interruptus does not restrict the frequency of intercourse, whereas other, non-appliance methods (abstinence and the safe-period) do.

The issue of methods has been explored by many writers interested in birth control in the nineteenth century.¹ Those methods which, all the evidence suggests, were unlikely to have made a significant contribution to the fertility decline of professionals during the early period will be dealt with first.

The extent of the practice of abortion as a form of birth control has been widely discussed, particularly in the context of working class women with a strong corporate identity and sub-culture. Ethel Elderton, in her Report on the English Birth Rate argues that abortion was widely used and accepted by women, in textile towns with low birth rates, as a legitimate means to control fertility in spite of the hostile attitude of doctors,

¹See, for example, as well as the other authors whose work is cited in this chapter, Norman E. Himes, Medical History of Contraception, (Baltimore: The Williams and Wilkins Co., 1936) and John Peel, "The Manufacture and Retailing of Contraceptives in England", in Population Studies, 17, 1963/4.

ministers of the church and other opinion leaders.¹ Patricia Knight² and Angus Maclaren³ both discuss the perception of such women of abortion as "bringing on a period", provided that it occurred before foetal movements ("quickening") were felt by the mother. It seems likely, though, that where a split existed between the opinion of the male dominated medical profession and the female subculture with its reliance on midwives, middle class women were to be found in the establishment camp.⁴ Married to medical practitioners, clergymen and lawyers who represented "respectable opinion" and attended by qualified male medical practitioners rather than midwives and 'wisewomen' they were likely to have been shut out of the female subculture which refused to view abortion before 'quickening' in moral terms.

Furthermore, there is no reliable evidence of the existence of this practice among middle class women. Although in Prosperity and Parenthood, Banks gives an extensive quote from Greaves to the effect that bringing on a miscarriage was common among married 'ladies', the methods he describes (excessive exercise on foot or horseback) are quite ineffective. Evidence against the prevalence of the practice appears in the Mosher survey of the sexual, contraceptive and reproductive experiences of the wives of urban professional men in late nineteenth century America.⁵

¹Ethel Elderton, Report on the English Birth Rate, (London: Dulau and Co., 1914).

²Patricia Knight, "Women and Abortion in Victorian and Edwardian England", in History Workshop Journal, No.4. Autumn, 1977.

³Angus Maclaren, Birth Control in Nineteenth Century England

⁴In "Wisewoman and Medicine Man", in Oakley and Mitchell (eds) The Rights and Wrongs of Women, (Middlesex: Penguin Books Ltd, 1976), Ann Oakley argues that the takeover of female reproductive care by the male-dominated medical profession during the nineteenth and early twentieth centuries did not reach working class women until the twentieth century.

⁵This conclusion from the Mosher Survey appears in Paul A. David and Warren C. Sanderson, "Rudimentary contraceptive methods and the American transition to

Assuming similarities between these women and the wives of professional men in Britain we might use this as additional evidence against the practice.

Neither is there any convincing evidence that the sheath, cap, douche, sponges or pessaries were widely used by the respectable middle class (among which Edinburgh professionals must be counted). Much of the indirect evidence suggests that they would not have been acceptable and one piece of hard data provides a very strong case for their lack of popularity in the later nineteenth century.

Certainly, the pamphlets of the neo-Malthusians gave information and advice on these artificial methods of birth control. But to what extent might this advice have been followed by the family limiters in this study? The neo-Malthusians such as Carlile, Place, Bradlaugh and Besant were variously associated with political radicalism, atheism and rebellion against "womanly virtues" and, as such, their philosophies and advice were largely shunned by the respectable middle class. The association of birth control with such individuals and the movements in which they were involved would surely have weakened their potential influence, or even have alienated many from the cause.¹

Moreover, the most effective of the contraceptive methods available in the later nineteenth century (the sheath) was far less often recommended

marital fertility control, 1855-1915", in S.L. Engerman and R. E. Gallman (eds) Long Term Forces in American Economic Growth (Chicago: University of Chicago Press, 1986).

¹See Maclaren, Birth Control in Nineteenth Century England and Banks, Victorian Values, Ch.3.

than the least effective. In The Fruits of Philosophy, (which sold 700 copies before the trial for its publication of Bradlaugh and Besant in 1877, and 125,000 during the three months following the trial¹) the most favoured method is the Reverse Current Syringe, a form of douche². Current medical knowledge tells us that this method is most ineffective since sperm travel faster than the time it takes to use the equipment, and its use might even serve to wash sperm up through the cervix.

Finally, some data on contraceptive use in the early twentieth century might shed some light on these practices in the later nineteenth century. Lewis-Faning's report of 1949 contained the results of a questionnaire answered by women whose marriages were of over fifteen years duration. Table 37 gives percentages of women, by social class who had a) *at any time* used some type of birth control; b) whose use of birth control had always been restricted to non-appliance methods; and c) who had *at some time* used appliance methods. Of the 23 women from Social Class 1 who were married before 1910 only 9% answered that they had ever used appliance methods of birth control, as against 17% who had, at some time, used non-appliance methods and 74% who had never used any form of birth control.³ Although the numbers are small, the data do give some indication of likely birth control practices in the period under study. If only 9% of the women in the sample who married before 1910 used appliance methods (which includes all those referred to above) then it is

¹Rosalind Mitchison, British Population Change Since 1860, (London: Macmillan, 1977) p28.

²Knowlton, Charles, "The Fruits of Philosophy", in Chahdrasekhar, "A Dirty Filthy Book", (1981) p138.

³E. Lewis-Faning, Report on and Enquiry Into Family Limitation and its Influence on Human Fertility During the Past Fifty Years, (London: H.M.S.O., 1949), p52

most unlikely that any more than a tiny percentage of Class 1 women used them twenty to fifty years earlier, when they were less readily available.

Although this study is concerned with the marital fertility of women from Class 1 it is worth looking at Lewis-Faning's data on Class 2 women, again from Table 37, in order to increase the numbers from which the data are drawn, since the period he covers includes that during which Class 2 women were among the family limiters.¹ Of the 94 wives in Lewis-Faning's Class 2 sample only 18% answered that they had ever used any birth control, of which only 1% had ever used appliance methods.

The "safe period" is also recommended in much of the birth control advice literature of the time². However, that this method was, to any extent, responsible for the fall in the middle class birth rate in the later nineteenth century can be ruled out on the basis of one overwhelming piece of evidence: according to contemporary understanding the infertile period lay between the week following a menstrual period and the week preceding the next; precisely the period during which a woman is at her most fertile. If a significant number of professional men had confined their sexual activity with their wives to this "safe period" their birth rate would have risen!

¹Banks shows that the mean family size of all from Class 2 marrying between 1881 and 1891 was 4.15. *Victorian Values*, p98.

²See, for example, Knowlton's *The Fruits of Philosophy* and George H. Napheys A.M., M.D., *Physical Life of Woman. Advice to the Maiden, Wife, and Mother*, (London: The Homeopathic Publishing Co, 1895).

There is no doubt as to the availability of coitus interruptus as a method of preventing conception. Few professional men would have lacked sufficient knowledge of the mechanics of conception to employ this as a method of contraception if they so wished. It is the method Banks proposes to have been used by the 'pioneers' of the smaller family.¹ In many ways this is plausible; coitus interruptus requires no forward planning, purchase or preparation, all of which would have served to highlight the existence of the practice of birth control in an age when the respectable middle class avoided public recognition of the issue.

Banks' proposition is speculative, since he finds no actual evidence of the prevalence of the practice of coitus interruptus. His case rests on the unacceptability, to respectable middle class men, of any alternative method of birth control. There is, on the other hand, a body of evidence which can be interpreted to show that coitus interruptus would not have been acceptable to respectable middle class men. This is drawn from a logical interpretation of medical and 'moral guidance' literature on sexual behaviour.

That those professionals who had anything to say on the issue of birth control (mainly from the medical profession and the church) consistently opposed the use of 'artificial checks', including coitus interruptus, throughout the nineteenth century is well known. A few rare individuals may have tried to swim against the tide, but the weight of the establishment was against them.² For example, in a survey of the

¹Banks, 1981, p110

²The most famous case of a legal prosecution for the publication of material on birth control is that of Bradlaugh and Besant, but for the purposes of this thesis, the medical profession's case against H. A. Albutt M.R.C.P.E., L.S.A., is more relevant.

Edinburgh Medical Journal, which included the Transactions of the Royal Obstetrical Society of Edinburgh, from 1858 to 1890 four anti birth control articles were found and not a single reply in opposition to them, or indeed any other mention of the issue.¹ Banks made much of the medical profession's warnings against artificial checks, especially coitus interruptus. The significance of the professionals' opposition to coitus interruptus has, however, perhaps been underestimated or misinterpreted, leading to accusations of hypocrisy. Perhaps their fear and distaste of coitus interruptus were very real, in which case we would have to look to other birth control methods to explain the professionals' smaller families.

The point which has been missed by those who accept coitus interruptus as a prevalent birth control practice at this time is that 'conjugal onanism' was judged in much the same way as masturbation.

It has already been suggested that the medical profession was concerned about the 'evil effects' of masturbation, perhaps to the point of obsession. This 'sin of Onan' had been considered a dangerous and evil practice from the eighteenth century but the obsessive nature of doctors', ministers' and teachers' concern coincided with the fall in the birth rate of professionals. Acton's opinions on this subject are well known and other examples of warnings by contemporary medical writers can be drawn from Comforts The Anxiety Makers,² Robert Macdonald's paper

He was struck off the medical register for producing The Wife's Handbook, (London: W. J. Ramsey, 1886), which contained advice on birth control methods.

¹Edinburgh Medical Journal, (Edinburgh: Sutherland and Knox, 1858-1890)

²Alex Comfort, The Anxiety Makers, (London, Thomas Nelson and Sons Ltd., 1967) Ch.3.

'Onanism: History of a Delusion'¹ and Weeks' Sex, Politics and Society², to name but a few.

The following is a brief summary of the dangers of masturbation expressed by a great number of prominent medical practitioners and moral arbiters in the second half of the nineteenth century. Their concern was mainly for male masturbators. Masturbation among females was considered less prevalent and, where it did exist, it tended to be among women of "defective intellect".³ The practice was adjudged dangerous to physical and mental health. The greatest concern was for young men, for whom the temptation was much stronger. In the 1850's, 60's and 70's the main area of concern was for the wasting effect of loss of semen and the harmful results (mental and physical) of exciting and feeding a sexual appetite and thus encouraging it to grow out of control. Later the emphasis shifted to the mental effects of failure to develop control over the desire for this form of sexual stimulation (as well as others) - the young man would (rightly) experience tremendous feelings of guilt which would eventually drive him insane.⁴

Granted, masturbation was often referred to as the 'solitary vice' but it was the debilitating effect of the loss of semen to no productive purpose, and the lack of control over the libido which were most often cited as

¹Robert H. Macdonald, "Onanism: History of a Delusion", in Journal of the History of Ideas, Vol.28, 1967, July-September. No.3.

²Weeks, 1981.

³Lawson Tait, Diseases of Women, p31.

⁴See Robert H. Macdonald, 1967, for an examination of this subtle change in attitude over the century, and Comfort, 1967, who cites W. Griesinger, Mental Pathology and Therapeutics, (London: 1867) as an example of the shift to concern for the psychological dangers of masturbation.

dangerous to physical and mental health. Moreover, while masturbation could only have affected the individual, conjugal onanism was believed to severely damage the female constitution as well as that of her husband. The idea was that when withdrawal is practiced, the "exited womb is unfulfilled" resulting in both physical and psychological damage.¹ This will be more easily understood if we remember the emphasis on the part played by conception in nineteenth century ideas about women's sexual gratification.²

Again, Lewis-Fanning's data collected in 1949 is of some use. In Table 37 of his report only 17% of the women from Social Class 1, married before 1910, had, *at any time*, used non-appliance methods of birth control. Allowing for the fact that, under the terms of the questionnaire, the 9% who replied that they had used appliance methods may also have used non-appliance methods, we are still left with 74% who replied that they had never ever used any method of birth control. In the case of Class 2 women, 82% claimed never to have used any type of birth control, yet their marital fertility was certainly on the decline before 1910.

If this survey is an accurate reflection of nineteenth century practices, and it seems likely that it would overestimate the use of birth control in the earlier period with which this thesis is concerned, there remains only one method which could have been responsible for the decline in the marital fertility of middle class professionals in the later nineteenth century: abstinence, or at least, greatly reduced levels of sexual intercourse. It is

¹Augustus K. Gardner, The Conjugal Relationships as regards Personal Health and Hereditary Wellbeing Practically Treated, (Glasgow: Thomas D. Morison, 1892), p107.

²See Chapter 2.

interesting to note that the definition of birth control used in the survey was

""Contraception (Birth Control) is the use by either sex of any means whatsoever whereby coitus (the act of union between man and woman) may be experienced , while at the same time the fusion of the ovum with the spermatozoon may be averted so that conception does not take place." It will be seen to include all chemical and mechanical methods (here called "appliance methods"), coitus interruptus and the use of the "safe period". For the purpose of the enquiry abstinence of periods of less than six months need not be considered."¹

In their refusal to treat abstinence seriously historians and demographers have ignored the possible effects of reduced levels of sexual intercourse on the middle class birth rate. Abstinence does not need to be permanent to have a noticeable effect on fertility, yet so long as intercourse took place at least once every six months the 1949 report did not recognize this method of birth control.

What follows is an exploration into the possibility that middle class professional married couples reduced the levels of their sexual activity after "sufficient" children had been born, not only because they desired small families, but also because, in the absence of the incentive of conception, they had no great need for regular or frequent sexual intercourse with each other.

There is no doubt that the middle class generally, and the professionals in particular, proclaimed self control in sexual matters as virtues belonging to them and which ought, for the sake of the individual and society as a

¹Lewis-Faning, p49.

whole, to be mastered by everyone. Maclaren argues that to suggest they limited their family sizes by abstaining from sexual intercourse

"was to create a self-serving class doctrine which enjoined the public to view the unnecessarily large and unhealthy family as the necessary consequence of the unbridled lust of poor parents."¹

Davidoff, on the other hand explains this as fear of sexuality as an untamed natural force and

"with the help of religion, the restraint of male sexuality came to be seen as a great feat of self-control, one of the hallmarks of middle-class gentility."²

While Maclaren implies that sexual self-control was an ideological weapon which did not necessarily have any significant practical implications for the middle classes, Davidoff tends towards the view that this was more than ideology but a part of middle class psychology, especially among professionals. This is the view taken here.

Just as there are numerous medical and moral guidance works which discuss the evils of masturbation, so there are many which promote the cause of sexual restraint within marriage. Here are some examples of warnings against sexual excess - always, of course, aimed at husbands since wives were not supposed to be subject to animal lust:

"Few should exceed the limit of once a week: while many cannot safely indulge oftener than once a month. But as temperance is always the safer rule of conduct, if there must be any deviation from the strictest law of physiology, let the error be on that side."³

¹Maclaren, 1978, p129.

²Davidoff, 1983, p20.

³Trall, Sexual Physiology and Hygiene, p233.

Acton, of course, has a few words to say on the matter:

"Sexual congress ought not to take place more frequently than once in seven or ten days."¹

Others, such as George Napheys² and Augustus Gardner³ stress the necessity for moderation of intercourse and the dangers of excess, but do not specify how much is excessive. John Blackwood, a medical practitioner from the 1850's and educated in Edinburgh, in a discussion of a case of a man complaining of physical and mental depression, claimed that the man's taking of stimulants

"incited to another excess, which is often associated with married life, and which, more than all other excesses, plays havoc with the nervous system."⁴

Even the 'liberated' Dr Allbutt, in his book containing advice on birth control, stresses that moderation in intercourse must be observed.⁵

This advice applied to all married men, regardless of the stage in their married lives (even during the honeymoon period) and assuming that sex resulted in procreation. Where this moral and medical censure differs from that applied to masturbation is in that it concedes that some sexual activity is allowed and even necessary. That is, of course, as God intended, for the production of legitimate children - not to be confused with the intentions of nature, which, according to the values of nineteenth century professionals, is the enemy which seeks to control

¹Acton, 1857, p23.

²Napheys, 1895, Ch.4

³Augustus Gardner, The Conjugal Relationships as Regards Personal health and Hereditary Wellbeing Practically Treated, (Glasgow: Thomas D. Morison, 1892)pp76-77.

⁴John Blackwood, Reminiscences, p151. Note Blackwood's reluctance (which is apparent throughout the book) to refer directly to sex.

⁵Allbutt, The Wife's Handbook, p58.

human activity but must itself be controlled by the human intellect. So what we are seeing is a weighty pressure towards control of the libido associated with the equation of an inability to control it with inadequacy and degradation.

The parameters within which sex should be indulged and enjoyed are nicely summed up by Dr Trall, who asserts that sex should be

"as agreeable as possible to both parties.....But let not sexual love be confounded with sexual lust. The former is always gratified and completely satisfied with legitimate indulgence. The latter is like the appetite of the glutton or the drunkard - each indulgence aggravating but never satisfying."¹

The attitudes towards female sexuality, set out in chapter two, imply that middle class women experienced no conflict between their physical nature and their higher feelings. They only desired sexual intercourse in response to their husbands demands and, ultimately, to satisfy the maternal instinct. Thus resolution of a man's nature/intellect conflict could be achieved by marriage to a decent woman. The psychology of such a union is explained by Carol Christ, who used the poetic writings of Tennyson and Patmore in much the same way as I have used those of professional men:

"each of these writers sees man's aggressiveness, and particularly his sexual aggressiveness, as dangerous and distasteful. The ambivalence with which each writer portrays men's aggressiveness explains much about his idealization of woman's passivity and asexuality. She represents an ideal freedom from those very qualities he finds most difficult to accept in himself."²

¹Trall, p234.

²Carol Christ, "Victorian Masculinity and the Angel in the House", in Martha Vicinus (ed) A Widening Sphere, (Bloomington and London: Indiana University Press, 1977), p147.

To sum up this section on the marital sexual relationship in the absence of any desire to prevent conception (indeed, when conception was positively aimed at) the suggestion is that sex was associated with guilt and lack of control, and sexual desire only legitimately satisfied within strict limits and ultimately for procreation.

So what might be the moral/intellectual position when the couple felt they would prefer not to have any more children, for the reasons explored above? Banks argues that, for middle class women,

Moral restraint within marriage rather than conception (*sic. I think he means contraception*) is likely to have been the means they would have favoured to prevent conceptions.....The question of significance, therefore, is whether their husbands also practiced moral restraint, or whether they revolted in some way against the Pauline teachings of the church."¹

Banks seems to have difficulty coming to terms with the idea of middle class Victorian men practicing sexual restraint, as he tends to avoid the issue hereafter. Yet apart from the free thinking, unrespectable few such as Bradlaugh and Besant, most writers advocating birth control discouraged couples from using any methods other than abstinence.

Napheys, for example argues that

"Continence, self-control, a willingness to deny himself, - that is what is required from the husband."²

Note the implication that abstinence does not imply that self-control and

¹Banks, 1981, p74.

²Napheys, 1895, p92

a willingness to deny herself are required by the wife. Augustus Gardner, arguing that

"man should only bring into the world beings that can be happy - physically capable of enjoying life and health"¹

stresses the harmful effects of all artificial methods of birth control and the importance of sexual self control:

"We have shown that we can "DO RIGHT" without prejudice to health, by the exercise of continence. Self restraint, the ruling of the passions, is a virtue, and is within the power of all well-regulated minds. Nor is this necessarily perpetual or absolute. The passions may be restrained within proper limitations."²

Note the words "all well regulated minds" which echo the importance of the scientific or intellectual management of the physical world which is so characteristic of the modern professional.³ It may well be that for many of the middle classes, sexual self restraint was a convenient ideology but an unlikely actuality but, for the new professional of the later nineteenth century, it was part of a wider set of values which emphasized their *ability* to control nature as well as the necessity to make an attempt.

The "sexual scripts" they had learned throughout their boyhood would contribute to this ability by linking sexual activity with shame. Combined with the sexually repressed wife's reluctance to indulge in sexual intercourse solely for pleasure, the professional man and his wife would have made a powerful team in this war against the animal side of man's nature. If we view the likely acceptability of the various methods in terms of the interacting "sexual scripts" or "sexual dialogues" of these

¹Gardner, 1892, p67

²ibid, pp179-180

³See Chapter 4.

men and women it becomes easier to understand that abstinence might be more appropriate than coitus interruptus, which was, in a sense, a greater travesty of their sexual values even than masturbation.

Most emphatic about the evils of bearing unwanted children and of all artificial checks to conception is Dr. Alice Ker, Honorary Medical Officer to the Wirral Hospital for Sick Children and to the Birkenhead Lying-in Hospital, who argues that love between the sexes is one of the most beautiful emotions of our nature only in so far as it is kept pure and holy.¹ Writing towards the end of our period, in a book "written expressly for all women, irrespective of rank and condition", but obviously influenced by her experiences with working class patients, Ker combines the virtues expounded by professionals and the progressive middle class women's demand for male chastity.²

"It is of no use to insist on self control and self restraint outside the marriage tie, if they are not to be practised within the pale of wedlock also; and there will be untold benefit to the next generation. It has been said that "the right of every child is to be well born", and certainly it is a grievous wrong to any child to be born by chance, or, still worse, against the wishes of its parents."³

Specifically tackling the issue of "artificial" birth control methods, both from a moral and medical viewpoint she has this to say:

"Their employment is contrary to all sacredness and spirituality in love and marriage, and there is not one of them which is not liable to injure the health of either husband or wife. Besides, they are often ineffectual in

¹Alice Ker, Motherhood, (London: John Heywood, 1891)p28

²The early feminists's stress on the interpretation of "a single standard of morality in terms of male chastity rather than female licence" is shown in Joseph and Olive Banks, "Feminism and Social Change. A Case Study of a Social Movement." in George K. Zollschan and Walter Hirsch (eds), Explorations in Social Change, (Boston: 1964), p557 and echoed by Linda Gordon and Ellen Dubois in "Seeking Ecstasy on the Battlefield: Danger and Pleasure in Nineteenth Century Feminist Sexual Thought." in Feminist Review, 1983. No.13. p45

³Alice Ker, 1891, p30

compassing the end for which they are employed and, in that case, the effect upon the child must be anything but beneficial. There is no legitimate means of limiting offspring except by continence, and, if this were more practised in married life, we should have fewer and much healthier children, begotten in the most favourable circumstances, and developed under the influences of joyful anticipation and loving welcome."¹

Was such advice, offered, in this case, to married couples in general, already being followed by professional men and their wives? This seems to have been the case in America, although some artificial methods were creeping into the picture. The Mosher survey of forty four urban middle class wives of professional men, beginning in the early 1890's, reveals a deliberately low level of intercourse in order to prevent conception: coital frequency rates for these women, in the period 1892-1897, are given as 4.12 times per cycle among those of 25-34 years of age and 2.66 for those aged 35-44. Commenting on this phenomenon and its connection with the ideology of sexual self restraint, David and Sanderson suggest

"that the role models, or prescriptive behavioural stereotypes, which this ideology projected had acquired a positive functional value for individual couples who were seeking effectively to utilize the rudimentary, inherently unreliable contraceptive technologies which became available during the nineteenth century."²

I suggest that, in Scotland from the 1850's or thereabouts, the proposition concerning "prescriptive behavioural stereotypes projected by the ideology of self restraint acquired a positive functional value" for professional men and their wives who were seeking to limit the size of their families. According to this interpretation, the availability of contraceptive technologies was rarely relevant, since these couples would

¹ibid, pp30-31

²David and Sanderson, 1986, p314

find their use unacceptable for precisely the same reasons that abstinence was possible.

This argument for greatly reduced sexual activity demonstrates the fulfilment of all three criteria for family limitation while it presents a new theory of the fertility decline of professionals in the later nineteenth century which is consistent with the special nature of this group (socially, economically and psychologically).

Further support comes in the next chapter in the form of quantitative data on family size and building patterns of the two cohorts of professionals whose families were reconstituted. Of particular interest is early stopping, which implies a very effective method of birth control and is therefore more consistent with abstinence than with coitus interruptus. It will also be interesting to establish whether there is any difference in family size and family building patterns of 'traditional' and 'modern' professionals.

Chapter 6

Family Reconstitutions

The data

Although the bulk of this thesis so far has dealt with qualitative data on professionals, sexuality and birth control, the bulk of the actual research was involved in reconstituting the families from two marriage cohorts, 1856-1861 and 1876-1881. Analysis of these data took the form of computerized measurement of such variables as mean family sizes (children ever born and children surviving), age of wife at marriage, age of wife at last birth and length of last birth interval.

The fact that fertility behaviour varied greatly within the groups under study highlighted the problems of inferring from simple averages. Furthermore, it was felt that these variations might reflect the transition which professional occupations were undergoing over this period, and might, in some way, correlate with the differing status of the various professional occupations and their incumbents. We cannot begin to understand the complexities of cause and effect in marriage and society from crude quantitative data, so further, more sensitive methods of analysis had to be employed. They involved examining each individual (completed) family for patterns in career structure, economic status, social status group (SSG) background and mobility, which might help us to identify factors involved in family building strategies. For this purpose the family reconstitution data were augmented with data from the census, Post Office directories and professional directories and registers, giving information on housing, family structure, the employment of servants,

career progression and sometimes educational background and qualifications.

Firstly, the family reconstitution data were read into a file for analysis using the Statistical Package for the Social Sciences. The total number of families reconstituted from the 1856-61 cohort was 71, from the 1876-81 cohort, 80. A number of these marriages ended early (due to death of husband or wife) and could not, therefore, make a valid contribution to the data on mean completed family sizes. A few were marriages between older men and, more relevantly, women, whose fertility would have been physiologically diminished. It was therefore decided to select, for detailed comparison and analysis, only those couples whose marriages were of more than fifteen years duration and where the wife's age at marriage was no greater than 30. A minimum duration of marriage of fifteen years was chosen so that some consistency could be maintained with the 1911 Fertility Report, ensuring some comparability between this Scottish study and Banks' work on England and Wales.

This exercise reduced the first and second cohort numbers to 33 and 47 respectively. The data were then analysed using SPSSx and, small though the numbers are, it appears that several inferences can be drawn from them regarding mean family sizes and childbearing patterns.

Nevertheless, the potential for quantitative analysis was clearly limited by the small numbers. Conventionally, a sample of thirty from a small, relatively culturally undifferentiated population is said to be large enough for estimating an average, so the basic descriptive statistics such as mean family sizes of the families in this study can be compared with those of

other professionals.¹ However, disaggregation into component occupations would not have produced reliable results as the numbers would have been very small.²

Before going on to describe the results of the data analysis, two specific factors which might affect family limitation need to be examined. These are: social status of family members, and age of wife at marriage. The first needs some explanation in terms of ways in which I chose to attribute status to various occupations and the latter, recognized as a significant factor in potential completed family size, deserves a section to itself.

Occupation and status

Assessment of social and economic background entails problems of categorization and meaning. This study rejects the social classes used in the 1911 Fertility Report, based on Stevenson's categorizations. A powerful criticism of the inadequacies of Stevenson's approach is made by Simon Szreter, who argues that the classes have no internal cohesion in terms of economic and social status as well as fertility behaviour. He outlines an approach which elucidates the relationship between Marx's notion of class and Weber's notion of status.³

This is the approach adopted here. It requires an understanding of how individuals fitted into society at a given time and place. Grouping of

¹Donald N. McCloskey, Econometric History (London: MacMillan Education Ltd., 1987) p49

²A major criticism of Banks' use of data from the 1911 Fertility Report in Victorian Values is that some of the family sizes in the pre-1861 marriages are calculated from very small numbers of marriages; for example, 10 barristers, 9 merchants, 4 dentists and 3 actors.

³Simon Szreter, "The Decline of Marital Fertility in England and Wales." PhD Thesis. 1983. University of Cambridge. p237.

occupations into social and economic status units which have analytical usefulness will always be problematic, especially in a mobile society, and some degree of validity must be lost. For the purposes of the analysis of aggregated family reconstitution data the major social status groups (SSG's) used by Stephen Walker, in his nineteenth century Edinburgh based study, were considered appropriate. Each of these groups contains related occupations and is coded according to its position in the social hierarchy as it was perceived in Edinburgh during the second half of the nineteenth century.

These major social status groups, or "SSG's", are as follows:

1. Independent Means.

Those whose income was derived from land or other property ownership.

2. Professions.

(See chapter four)

3. Manufacturers.

Excluding very small scale manufacturers.

4. Commerce.

Includes bankers, insurance officials, dealers and brokers.

5. Farmers.

Although in some ways the rural equivalent of the urban manufacturer, farmers had lower urban status than both manufacturing and commercial groups.

6. Distribution and Processing.

This group contains a wide variety of occupations, including retailers of various commodities, hoteliers and publicans.

7. White Collar

This group includes clerks, bookkeepers, cashiers, travellers, minor agents and non-professional accountants.

8. Skilled Manual.

Artisans and very small scale manufacturers.

9. Semi and Unskilled Labour

0. Not Known.

Further explanation of the compositions of, and relationships between, these groups need not be given here as the backgrounds of husbands and wives are explored individually in the detailed study of fertility patterns to follow. A fuller explanation of the categories, however, may be found in Stephen Walker's thesis.¹

Obviously, all the husbands in the study are in SSG 2. Where the SSG categories are useful is in providing a way of comparing the backgrounds of these men so that inferences can be made, for example, regarding the changing composition of the professions, reflecting the development from "traditional" to "modern", and any connection between the modernization of the professional role, its attendant value system, and family size. The data in Tables 6.1 and 6.2 firstly give a somewhat crude indication of the direction in which professional men were moving using data on SSG background of husbands and wives in the complete cohorts.

¹Stephen Paul Walker, 1986

TABLE 6.1.
Social Status Group (SSG) of Husband's Father (% of cohort)

	SSG	1	2	3	4	5	6	7	8	9	0
1st Cohort		11.3	36.4	1.4	14.1	8.5	4.2	1.4	9.9	4.2	8.5
2nd Cohort		5.0	33.6	2.5	10.0	8.7	3.7	3.7	17.5	13.7	1.2

TABLE 6.2.
Social Status Group (SSG) of Wife's Father (% of cohort)

	SSG	1	2	3	4	5	6	7	8	9	0
1st Cohort		8.5	34.9	1.4	14.1	7.0	2.8	1.4	12.7	1.4	5.6
2nd Cohort		5.0	37.0	3.7	13.7	6.3	5.0	6.3	12.5	8.7	1.2

Number of cases:
1st cohort = 71
2nd cohort = 80

It should be noted from Table 6.1 that the differences between the two cohorts are: a decrease in the proportion of husbands whose fathers were "gentlemen of private means" and an increase in those whose fathers had manual occupations. Table 6.2 shows that the SSG's of wives' fathers remain remarkably similar.

Age of wife at marriage

A factor which has a direct effect on fertility levels is age of wife at marriage. An increase in the age at which a woman marries leads to a decrease in her fertility potential. There is some controversy over the extent to which a woman's ability to conceive reduces from her early 20's but recent research suggests that, physiologically, a woman's ability to

conceive declines only slowly from her early thirties

"Generally accepted U.S. data are approximately 5.5 percent infertility among women 25 - 29, 9.4 percent among those aged 30 - 34, and 19.7 of those 35 - 39."¹

However, the later a woman marries the fewer are the fecund years of her marriage.

Analysis of the two cohorts shows an increase in the mean age of wives at marriage from 27.3 for the first cohort to 28.3 for the second, and medians of 26 years for both cohorts. For the two subsets (where age of wife is less than 31 and duration of marriage greater than 15 years) the mean age for the first cohort is 24.3, for the second, 24.7 and the median for both, 25. Obviously, the range of ages is fairly wide, with a standard deviation of 3.12 for the first cohort, and 2.76 for the second. Much of this is accounted for by "outliers"; the interquartile ranges are only 22 - 27 and 23 - 26 respectively. The ages of wives at marriage in the two cohort subsets being much the same, age is not likely be a factor in any changes in mean family size.

Family Size

Using the cohort subsets in which the age of wife at marriage was less than 31 and the duration of marriage over 15 years, SPSSx was used to calculate average family sizes and the effect of child mortality on eventual family sizes. The results are in Tables 6.3 and 6.4.

¹Robert H. Blank, Redefining Human Life. Reproductive Technologies and Social Policy, (Colorado: Westview Press, 1984) pp35-36.

TABLE 6.3

Marriages 1856-61				
	<u>Mean</u>	<u>Median</u>	<u>S.D</u>	<u>I.Q.R.</u>
Children Born	5.4	5	2.90	4
Children Surviving	4.5	4	2.44	3
Boys Born	2.6	2	1.99	3
Boys Surviving	2.2	2	1.64	2
Girls Born	2.8	3	1.75	3
Girls Surviving	2.3	2	1.40	2

33 cases

TABLE 6.4

Marriages 1876-81				
	<u>Mean</u>	<u>Median</u>	<u>S.D.</u>	<u>I.Q.R.</u>
Children Born	4.0	4	2.05	3
Children Surviving	3.8	4	1.94	2
Boys Born	2.3	2	1.56	2
Boys Surviving	2.1	2	1.43	2
Girls Born	1.7	1	1.42	2
Girls Surviving	1.6	1	1.31	2

47 cases

S.D =Standard deviation

I.Q.R = Inter-quartile range

Both cohorts demonstrate completed family sizes that are well below natural fertility levels. Even the 1856-61 cohort is within what the Coale

indices define as the 'modern' phase of the demographic transition.¹ Allowing for a period of post-partum ammenorhea followed by lactational ammenorhea while infants are breast fed, plus the gestation period, we might expect a birth roughly every two years from marriage to menopause. Using data from the 1855 birth registers of Edinburgh and Glasgow, J.M. Duncan showed that the average marriage to first birth interval was twenty months, and thereafter birth intervals averaged just over two years.² We might therefore expect the mean number of children ever born to be at least six or seven if no birth control were being used. Both cohorts have smaller families than this, and the average family size decreased by more than one child over the period covered by the two cohorts. The significance level for a one tailed *t*-test is approximately 1.66 for samples of this size, well below the *t*-statistic of 2.53 computed for these data.

Looking at births alone, there are some interesting differences between the cohorts: firstly, the mean number of children born falls from 5.36 to 4.02; secondly, we find more clustering around the mean; thirdly, most of the decrease is due to fewer girls being born. The results on children surviving are not conclusive since the differences between the two

¹For an explanation of Coales's statistical techniques for measuring the fertility decline aspect of the "demographic transition" see Ansley J. Coale and Roy Treadway, 'A Summary of the Changing Distribution of Overall Fertility, Marital Fertility, and the Proportion Married in the Provinces of Europe.' in Coale, Watkins and Cotts (eds), The Decline of Fertility in Europe (Princeton University Press, 1986) pp33-46. As well as the Princeton University European Fertility Project, the Coale Indices have also been used by Donald J. Morse to measure the fertility decline in Scotland at the civil parish level, in his unpublished Ph.D thesis "The decline of fertility in Scotland." University of Edinburgh. 1987.

²J. Matthews Duncan, Fecundity, Fertility, Sterility and Allied Topics (Edinburgh: Adam and Charles Black, 1866), Table XXXIV, p201-2.

cohorts are too small relative to the sizes of the two cohorts to have any statistical significance.

That the number of children born declines over the period is to be expected; "demographic transition theory" shows that once the western fertility decline began it continued until mean family size reached two to three. Studies of the fertility decline of specific groups (be they occupational or geographical) have shown the same pattern. The marital fertility decline over time demonstrated in this study is reliable, in that there are no significant compositional differences between the cohorts which might affect their fertility potential.¹

¹The age composition differences between Banks' cohorts in Victorian Values make conclusions regarding changes in mean family sizes over time difficult to make with any degree of certainty, particularly for the early cohorts: the percentage of wives who married under the age of 25 in the pre-1861 group is 74, in the 1871-1881 group it is 63.

Of particular interest is the contraction in the range of family sizes among professionals, with a clustering around the mean of four. This is best illustrated with a stem and leaf diagram:

DIAGRAM 1

Number of children ever born to each family

	<u>1st Cohort</u>		<u>2nd Cohort</u>	
	*** 0		***	
	* 1		****	
	* 2		****	
	** 3		*****	
	***** 4		*****	
	**** 5		*****	
	**** 6		*****	
	**** 7		****	
33 cases	**** 8	*		47 cases
	** 9			
	10			
	** 11			

The Kolmogorov-Smirnov test was applied and the biggest discrepancy between distributions was shown to be 25.7% or 0.257. Although short of the value for a Kolmogorov-Smirnov statistic of .309 at 95% level for the cohort sizes, the difference in mean family size between the two cohorts should not be ignored, given that the Kolmogorov-Smirnov Test is somewhat conservative when, as here, there are many tied values in the data.

Clearly, the distribution is becoming more compact in the second cohort. This adds weight to the propositions put forward on the changing nature of the professions and the effects of this change on family limitation. Thus, just as the professionals were closing ranks and developing a

corporate identity and a value system centering on the characteristics of "modern" professionalism (scientific management, control, self-discipline), so their family sizes reflect a trend away from the disparate and towards the corporate, centering on the smaller family which is achieved through control and self-discipline.

As to the decrease in the number of girls born, is it that the second cohort families birth control is gender-parity dependent, is it a by-product of the small numbers in the study, or might there be some other explanation? We shall see shortly that the wives' age at the birth of the last child decreased over the period. So too did that of the husbands, given that the mean age of husbands remained much the same for both cohorts: 30.7 for the first cohort and 30.3 for the second. It is now thought that older men might have a physiological propensity to father daughters rather than sons, although the scientific community have no conclusive evidence for this as yet. Since the decline in fertility from the first to the second cohort was largely the result of stopping rather than spacing the smaller number of girls born might be explained by the fact that, in the second cohort, fewer children were born to older men.

Spacing and stopping

The following tables demonstrate differences between the two cohorts in terms of spacing and stopping.¹

TABLE 6.5

	Age of Wife at Last Birth		
	<u>Mean</u>	<u>Median</u>	<u>I.Q.R.</u>
1st Cohort	37.7	38.2	35.7-40.1
2nd Cohort	34.8	35.1	31.7-37.5

TABLE 6.6

	Last Birth Interval in Years		
	<u>Mean</u>	<u>Median</u>	<u>I.Q.R.</u>
1st Cohort	3.7	3.0	2.1-4.1
2nd Cohort	3.6	2.8	2.1-4.3

An interesting difference between the two cohorts is that the age of wife at last birth dropped from a mean of 37.7 to 34.8, while the last birth interval remains virtually unchanged - 3.7 years in 1856-61 and 3.6 in 1876-81. It seems, then, that the drop in average family size by one child was achieved by 'stopping' rather than 'spacing'. Although it is generally assumed that stopping behaviour is parity dependent and spacing is not, this may well be an oversimplification of a complex decision-making

¹The use of the last birth interval to measure spacing is rather crude and the results are not amenable to rigorous tests of significance, but the case study analysis (described below) bears out the conclusion that the decrease in average family size over the period is due more to 'stopping' than 'spacing'.

process. A major problem, as Knodel points out, is that of distinguishing

"attempts to stop or space that are intended to limit family size from those that are not." ¹

This cannot always be done. We cannot assume that couples went into marriage with the notion of a target family size, or that a target would have remained the same throughout a marriage. Neither can we assume that spacing suggests merely ad hoc birth control - the decision to prevent the conception of a child made only as the need arose. A couple may have chosen to achieve, for example, a four child family by having a baby every four or five years. New evidence from Anderton et al shows that the early period of the demographic transition can be associated with a considerable proportion of couples shifting to spacing schedules associated with smaller families.²

In the case of professional families, spacing may well have been due to infrequent sexual intercourse, regardless of any notion of a target family size. To return to the arguments put forward in the previous chapter, there was significant medical and moral pressure on middle class couples to restrict the frequency of sexual intercourse, and "modern" professionals were likely to have been more susceptible to this pressure than other groups within the middle class. A guide to the effect of different frequencies of intercourse on waiting time (average number of months before conception is achieved) is given by Bongaarts, who shows that the

¹John Knodel, "Natural Fertility: Age Patterns, Levels and Trends", in Rodolfo A. Bulatao and Ronald D. Lee (eds), Determinants of Fertility in Developing Countries, Vol.1, (New York: Academic Press Inc., 1983) p62

²Douglas Anderton and Lee L. Bean, "Birth spacing and family limitation: a behavioural analysis of a nineteenth century frontier population", in Demography, Vol.22, No.2. May 1985

average waiting time increases from five months at twelve acts of intercourse a cycle, to eight months at six times per cycle, to fifteen months at three times per cycle.¹ Thus couples following the recommended stricture of intercourse no more than once a week would have averaged birth intervals of around thirty one months.² It may well be that many couples would, after a few years of marriage (and after the wife had experienced childbirth with its associated "discomforts") have reduced their sexual activity still further. This might account for much of the spacing demonstrated by both cohorts.

While this pattern is demonstrated by both the first and the second cohorts, stopping is much more in evidence in the second, adding a further limit to the number of children born. What 'stopping' certainly tells us is that the method of birth control used was very reliable. Although there is a reduction in fecundity among women in their mid to late 30's it is by no means sufficient to explain infertility on this scale. The drop in age at last birth of nearly three years between the two cohorts suggests that the second cohort families were very competent practitioners of family limitation. As the last chapter demonstrated, the only very effective method of birth control likely to have been commonly used by professional men and their wives at this time was abstinence. If a couple had had little sexual involvement throughout their marriage then a further reduction in the frequency of intercourse, if not total abstinence, would probably not be an unlikely proposition, if incentives to prevent

¹These figures were calculated by Michael Anderson from Table 4, p.116 in John Bongaarts, 'The Proximate Determinants of Natural Marital Fertility.' in Rodolfo A. Bulatao and Ronald D. Lee (eds) Determinants of Fertility in Developing Countries, Vol. 1. (London: Academic Press, 1983).

²This includes the nine month gestation period and an estimated seven months of lactational amenorrhea.

further conceptions existed. For the wife, this may well have been a relief, and those men who had difficulty in abandoning, or very greatly reducing, sexual activity had the option of going to prostitutes.¹

Examining Families

The limitations of computer analysis on such a small number of cases having been reached, a group case study approach to the data was then adopted. The obvious advantage of dealing with the data intuitively, rather than by computer analysis, is that we avoid the "meaningless mean" syndrome. This is particularly important when the number of cases is small and the range of values is wide. By looking at each family in turn more sense can be made of the typicalities and exceptions.

This "manual" analysis involves forming the families into groups which have some commonality in terms of family building patterns, social status group background, occupation of husband, religious affiliation, housing and the employment of servants, then looking for patterns to emerge which might help to explain the relationship between professionals as a social status group and family limitation. First, all available information on each family was collected. In addition to the information on couples provided by the marriage registers, the census provided data on house sizes (by number of rooms with windows) and

¹As Chapter 2 argued, it may well have been easier for many middle class men to have sexual relations with prostitutes than with their wives since the former would not have involved the "debasing" of a "pure" woman, while the latter could be thus perceived. Commenting on the extent of prostitution around 1840, William Tait estimated a minimum of 800 full-time and 1160 "sly" or casual prostitutes in Edinburgh, Magdalenism. An Inquiry into the Extent, Causes, and Consequences of Prostitution in Edinburgh (Edinburgh: P. Richard, 1842) pp5-9. Commenting on this study, Robert Knox argued that these prostitutes were a "principle source of comfort amongst wealthy classes, and University students." The Greatest Evils (London: 1857) p232.

the employment of live-in servants. These are valuable wealth and status indicators.

An obvious approach to examining the possible links between status and family size seemed to be to plot the families on a map of Edinburgh and compare family sizes in different status areas. However, the peculiarities of the residential areas of nineteenth century Edinburgh made such an exercise pointless; even in the prestigious Georgian New Town (in which a great many of the families in the cohorts resided) housing varied from one-bedroomed basement flats to town houses with twenty five rooms. In a study of this diversity of housing Gordon and Robb have shown rateable assessment variations within a single street of from £1 to over £71.¹ Census data on number of rooms with windows in each house or flat was therefore the only useful data on type of residence. Post Office directories frequently give professional qualifications of those listed as members of professions. Professional directories, registers or histories contained more valuable information on the qualifications and career progression of individual job incumbents.

Keeping the two cohorts separate, firstly all the completed families were divided into categories according to age of wife at marriage, the under 30's forming one category, the over 30's another. There was no finality about this division, it was merely used initially in order to compare older and younger wives for spacing and stopping. Next, the families were divided

¹George Gordon and John Robb, "Small-scale residential differentiation in nineteenth century Scottish cities", in Scottish Geographical Magazine, 97, 1981. pp77-84.

into the following categories:

Infertile.

Marriage ends before any pattern emerges.

Evidence of spacing throughout the childbearing period (more than three years between births).

No spacing (each child born within three years of previous one).

Early stopping.

Two other categories emerged as the data were examined:

Long marriage to first birth interval.

No spacing until the last birth interval.

As well as the advantages explained above, this method also allowed more families to be used in the analysis. The only redundant families were those which broke up before any patterns could emerge - twenty from the first cohort and ten from the second, leaving fifty-one and seventy families in the respective cohorts from which some data could be drawn and analysed¹.

Measuring stopping highlighted the problem of arbitrary cut-off points.

Initially, those families which were completed after the wife reached forty years of age were sifted, but, on examination, almost all were forty one or

¹ Some of these remaining families were of very limited usefulness; for example, where the marriage lasted long enough for several children to be born, thus demonstrating length of birth intervals, but ending while the wife was still fertile, thus precluding any analysis of the timing of "stopping". Thus the numbers of families used to demonstrate various family building patterns will vary, and will invariably fall below the totals of fifty-one and seventy given here.

forty two so that division had no particular usefulness. The question of stopping had to be dealt with in a more flexible manner. Spacing is the most difficult factor to evaluate; one long space might be the result of a miscarriage, several might mean difficulty in conceiving due to some physiological defect. The criterion for spacing used here is based on Duncan's study which showed average birth intervals of just over two years among pre-fertility decline Edinburgh and Glasgow couples; it seems reasonable to consider recurrent birth intervals of over three years as evidence of spacing.¹

First Cohort

There is evidence of spacing in thirteen cases. These are very mixed, from the accountant who spaced, then quickly had a fourth child after major promotion, to the more expected later spacing from fathers with constant careers. Very small, prudent families are only obvious in five or six cases; all were writers to begin with, two became solicitors. They tended to originate from outside Edinburgh. In most cases the wives were under twenty-five so late marriage was not the reason for their small family sizes.

In nineteen cases births were not spaced. These range from early stopping small families to later stopping large ones. At first glance, it seemed that later marriers stopped later but there is an interesting group marrying in their thirties and stopping after one or two children. They do nothing to support arguments about the desire to have a son and heir - three had no sons. Again, the determinant may be biological.

¹Duncan, 1866

Of those marrying before the age of thirty the mean age at last birth was 34.8 and the median was 38. Small eventual family size (five or less) was not related to older marriers in this group. All were low grade professionals from outside Edinburgh, with non-professional backgrounds.

The larger families (wife, of course, married before the age of thirty) were more mixed but more often had professional backgrounds, constant careers, two or more servants and large houses.

This first cohort is rather complicated in its family building patterns but the emerging pattern is of smaller than the national average family sizes but a number of families falling well outside the mean. This closer look at individual families shows a tendency towards spacing and stopping among marginal professions, particularly where the husband came into a profession from a lower social status group background. Larger families tended to be associated with traditional professional middle class husbands with higher social status group backgrounds, especially professional, and greater occupational stability. When they were upwardly mobile, they tended to start from a higher point in the career structure.

Generally, the larger the house, the bigger the family and the more live-in servants. The fact that the larger families in this cohort tended to live in large houses with many servants suggests an obvious causal relationship in which housing and the employment of servants is dependent on the number of children in the family. However, the data do show that the

acquisition of a large house came before the acquisition of children since these families tended to occupy large houses even before they had had many children. As to servants, the employment of more than two may be an indicator of economic status whereas the difference between three and four was very often also the difference between those households which had no need of a nursemaid and those which did. The smallest families tend to have less than three servants. Nevertheless, fewer than two does indicate low economic and social status among Edinburgh professionals in this period.

The clearest controllers in this cohort were men moving into the professions from lower SSG backgrounds. Alternatively, when they had professional backgrounds these tended to be among the less established professional occupations. Large (uncontrolled) families were concentrated among two groups: the established professionals, whose profiles suggest economic and social status acquired through associations with "traditional" professionalism and was therefore rooted in landed or mercantile wealth and contacts; a second, much smaller group, were men of modest means, mostly from the "marginal" professions, such as teaching, dentistry and the lower ranks of the legal profession, whose parents, and wives' parents, were to be found in lower SSG's.

The Second Cohort

The manual analysis of the first cohort revealed obvious patterns related to type of profession, SSG background and wealth indicators. These are more difficult to discern in the second cohort. This is not surprising, since, as the diagram on page¹¹³ shows, this group had is a clustering of family size around the four child family and this has two important

113/8

results: firstly, there was a wider range of type (in terms of economic and social status and background) of family in the controlling, or limiting, group; secondly, the exceptional group - those with large families - was small enough for random, individual or physiological factors to be unobscured by trends which may be attributable to major social factors.

Only eleven families had more than five children born. In four cases there is nothing which suggests why they have unusual (for the cohort) family sizes. Three cases conform to the lower SSG background, high fertility pattern of the first cohort. Four have "traditional" professional or wealthy backgrounds, but two of these, in spite of having larger than the average families, were early stoppers. In one case the wife's age at last birth was 33, in the other, 30.

Although it is more difficult to see patterns in the relationship between family size and social and economic factors in this cohort, it is easier to see patterns in family size and family building patterns. The early stopping mentioned above is quite typical of the cohort. Twenty-three had their last child before the wife reached the age of 35. This early stopping is consistent with the practice of abstinence. Among the nineteen families in which the last child was born after the wife's thirty-fourth year, seven had very long last birth intervals - five, six, six, seven, nine, ten and eleven years each.¹ So although not early stoppers, their family building patterns were consistent with the theory of a significant reduction of sexual intercourse from the wife's early to mid-thirties.

¹Last birth intervals were only considered significantly long when they were longer than four years and significantly longer than other birth intervals within the individual family. This went some way towards ensuring that sub-fertile couples were not included.

This early stopping was far less prevalent in the first cohort. Out of 33 marriages which were neither infertile nor short, in only ten cases was the last child born before the wife reached 35 years of age. Of the remaining 23, only four demonstrated particularly long last birth intervals (five, seven, eight and ten years). These results confirm, and give further weight to, those established by the statistical analysis using the cohort subsets where age of wife at marriage was less than 31 and duration of marriage greater than 15 years.

Conclusion

The mean family sizes of both cohorts were small enough to indicate deliberate family limitation, and the decrease in the mean family sizes over the two cohorts suggests the onset of a general decline in marital fertility among the professionals, and that this decline was well established by the 1880's. The changing composition of the cohorts in terms of family size is partly related to changes in the social and economic background of the individual couples, but there was, in the second cohort, an overall decrease in the number of large families, and a clustering around the four child family. This involved a decrease in the fertility of groups of couples who, had they been around twenty years earlier, would have been far more likely to have had large families.

While the smaller families in the first cohort were achieved through both spacing and stopping, there was a greater emphasis on stopping among second cohort families. Spacing behaviour is consistent with the theory that these couples had generally low rates of sexual intercourse, while stopping supports the suggestion that rates of intercourse were

deliberately reduced after "sufficient" children had been born, in order to prevent further conceptions.

The increasing cohesiveness of the families of professionals over the twenty year period in terms of family size and family building patterns is consistent with the theory that their fertility decline can be explained in terms of the development of a value system which fostered a rational, ordered, scientific approach to nature. This value system developed out of the ascendance of "modern" professionalism both within the professions and in the wider society. Thus, as the "modern" professionals came to dominate the professions over this period, so their value system increased in strength and reach. One result was the increasing acceptance, and practice, of family limitation by the restriction of marital sexual intercourse.

Chapter 7

Case Studies

Having aggregated the reconstituted families for the purposes of statistical analysis, the next step was to examine each individually. Data from birth, marriage and death registers give a solid basis for research into the fertility decline, and, if they can be augmented by qualitative data on each individual family's background and lifestyle, it becomes possible to look at factors which might influence family building patterns, in connection with the actual families.

Census data have been collected for all the families in the study. These provide us with information regarding household structure, location of residence, size of house, number of living-in servants and place of birth of individuals within each household.¹ The census also shows occupations of the individuals in the household, so any occupational mobility individuals experienced during their married life can be traced.

For many families this is the limit of the accessible qualitative data. Others, however, especially those in high profile social and professional positions, are more promising. The later nineteenth century saw the transition from "traditional" to "modern" professionalism, and during this period the new professional men were anxious to impress society with the worth of their work and of themselves. Professional men had a corporate self-consciousness, one result of which was that they left a

¹A minimum of two censuses was consulted for data on each family and there were frequent variations between censuses in the numbers of live-in servants and rooms with windows recorded. For this reason the figures given here are often in the form "two to four" and so on.

legacy of interesting sources for the social historian. Professional societies, clubs, journals, registers and directories abounded, containing various information on incumbents, from the simplest - name and date of accession - to small biographies. Indeed, one measure of the status of a profession is the ease with which incumbents can be traced through such records. For example, the higher legal men can be traced through the Faculty of Advocates¹ and the History of Writers to the Signet², Solicitors to the Supreme Court are merely listed, but writers have no professional records.

Other sources of qualitative data are biographies and obituaries, and writings by the men themselves. Examples of the first range from the few lines on the death of John Henry Tod in the Accountants Magazine (1911) to the two volume biography of Robert Rainy, Principal of New College.³ Writings by the men themselves are rarely relevant, (the paper by James Pridie M.D. entitled "Laceration of the Urethra with Haemorrhage into the Bladder, from Direct Injury" makes no contribution to this thesis) but are well worth exploring for the occasional piece which provides an insight into attitudes and values which may affect family building strategies. There is no denying the problems inherent in using these sources for data on why and how professional men were employing family limitation in the nineteenth century. Even the occasional exposition on sexuality which serendipity throws the researcher's way might tell us more about how the writer

¹ Sir Francis J. Grant (ed), Faculty of Advocates in Scotland 1532-1943, (Edinburgh: Scottish Record Society, 1944).

² History of the Society of Writers to His Majesty's Signet, (Edinburgh: University Press, 1936).

³ Patrick Carnegie Simpson, The Life of Principal Rainy, (London: Hodder and Stoughton, 1904).

thought he ought to behave than about how he actually behaved. It may even tell us only of how he thought other people should behave.

More indirect references in subjects' writings pose even greater problems of interpretation. For example, can we use Doctor Heron Watson's address at Surgeons Hall to new medical students, in which he stressed the importance of preventive medicine, as evidence that he was disposed to use birth control to prevent his wife from undergoing frequent pregnancies? The answer is: not on its own. Notwithstanding the limitations and ambiguities, and the problematical and hypothetical nature of these sources, they are not without value if studied in the context of other, more reliable data. In the light of the 'hard' data on family building and economic and social position and the 'soft' data regarding the family and the marital partnership in the nineteenth century, inferences have already been made regarding motivation and method. It is against this backdrop that the more flimsy data on individuals will be explored.

In the light of the foregoing, it will be understood that only families which have both typical family building patterns and some biographical data will be used as examples. Exceptions will be referred to when the available qualitative data can be used to suggest explanations for unusual family building patterns. Basic qualitative data on all families surviving long enough to display their family building patterns may be found in the Appendix. There are, of course, couples whose family building patterns and background and lifestyle seem to contradict the conclusions arrived at in earlier chapters and further explored here. It is in the nature of any study of human behaviour that some individuals deviate from the norm, and this problem is compounded, in a study of

fertility, by physiological variations. Fecundability varies enormously from one individual (and from one couple) to another.

At this point the social science tests of reliability and validity no longer apply. They are inappropriate because the data are not used to "prove" anything. Instead I am suggesting, inferring, and exploring ideas from issues which are raised by the data themselves. Thus any biographical data may be used to add weight to the relationship between these ideas and the family reconstitution data.

Family building patterns from the first cohort.

The 'hard' data have shown an average of five children ever born in a marriage of over 15 years duration, with age of wife at marriage no greater than thirty. Analysis of data on social status group (SSG) background, size of house and number of servants shows that larger families tend most often to be associated with high SSG background and wealth or, less frequently (there are fewer of them), working class background. The middling groups, those who joined the ranks of the professionals from SSG's three, four, five and six, and whose resources were modest, were most likely to have small families. They are our "pioneers".

These "pioneers" are most typically from the "marginal" professions: teachers, accountants, dentists, writers and solicitors. One such is William Chouet Howard, a twenty-five year old teacher of music who married Margaret Stewart, age twenty-four, in 1856. William's father was a comedian and his wife's father is entered as "gentleman" although he does not appear in Burkes's or Debrett's landed gentry. The Howards occupied small flats throughout their married lives and

employed only one or two living-in servants. They had four children, two sons and two daughters, one of which died in infancy. The first three children were born close together when Mrs Howard was in her late twenties. There followed a ten year gap before the birth of the last child. It seems that the Howards probably intended to stop after the first three births, then either made a mistake or decided to have just one more towards the end of Mrs Howard's fertile life.

A reversal of this spacing pattern is found in another small family from a marginal profession, that of James Adam Wenley, an accountant from Stornoway and his twenty-one year old bride, Jemima Isabella Veitch, who married in 1859. Wenley's father was an Inland Revenue Officer, his wife's father was a banker (not a prominent one). This couple was very upwardly mobile; in 1861, at the birth of his first child, Wenley was still an accountant and lived in a ten roomed flat with two servants.

The registration of the birth of the second child, in 1866, shows Wenley's occupation to be Assistant Secretary, Bank of Scotland. By the birth of the third, in 1870, he was a Bank Manager and in 1872 the couple had another child. This upward mobility in terms of career is reflected in the Wenley's increasing wealth, demonstrated by the fact that they occupied an eighteen roomed house and employed five live-in servants by 1881. This progression and their family building pattern suggests that the couple exercised control in the early years of their marriage then let go as their fortunes improved. However this couple also demonstrates stopping, as the wife was only thirty four when the last child was born.

The Aytons demonstrate a family building pattern which fits very well with Knodel's non-spacing, parity dependent birth control¹ and suggest the utilization of an exceptionally reliable birth control method. Edward Ayton, a dentist, and Jane Innes married in 1858. Dentistry was a "marginal" profession at this time, many dentists having no more status or education than artisans or tradesmen.² Ayton's father gives his occupation as physician, but does not appear in the Medical Register from 1858, so he too can be categorized among the 'marginal', rather than the established, professional men of the time.³ The Aytons lived in a 13 roomed house in 1871, and employed 2 domestic servants. The residence suggests a degree of middle class comfort, the number of servants is small for the size of the house. The overall picture is one of a family living on the boundaries of middle class style.

Although Mrs Ayton was just 22 when she married she had only four children. They were born close together, with birth intervals of under 2 years between each. Her last child was born when she was only 28 years old, still, presumably at the peak of her fertility.

If these are our pioneers, what of the other professionals , especially those in the traditional professions, the men whose marital fertility Banks studied in Victorian Values? Many of these had upper middle-class (professional or wealthy commercial) or upper-class backgrounds. Take, for example, Archibald Broun and his wife. Broun married his 21

¹For a useful clarification of interpretations of family building patterns see John Knodel, "Starting, Stopping, and Spacing During the Early Stages of Fertility Transition: The Experience of German Village Populations in the Eighteenth and Nineteenth Centuries." in Demography 24 No. 2. May 1987, p143-162

²See chapter four.

³Data on the professional status of Ayton and his father come from The Medical Directory and General Medical Register (London: J. & A. Churchill) published annually.

year old bride in 1857. They had eight children, five sons and three daughters. One daughter died aged fourteen. Archibald Broun of Johnstonburn was born in 1816. He was an advocate, an Advocate Depute in 1852 to 1858 and Principal Clerk of Session in 1867 and 1868. These offices coupled with the land attached to his name and to that of his father suggest that Broun was a professional man with roots in the landed gentry.¹

The status and wealth of this family is illustrated by the 19 roomed house they occupied, and their employment of 7 live-in servants, including a governess. His was a large family, with no significant spacing until the last birth interval, when Marion Broun's fertility may have been declining. Similarly, Robert Rainy D.D., Principal of New College, had a large house, four or five servants and many children. Their last (eighth) child was born when Mrs Rainy was forty years old and only the last three birth intervals were longer than sixteen months. Rainy was born in 1826, the son of a Professor of Medical Jurisprudence. His father-in-law was equally distinguished, Adam Rolland of Gask, Moderator of the Free Church General Assembly.²

Yet another example is James Young M.D., LRCSE, FRSA., son of William Young, M.D., married to Jane, daughter of the Rev. James Young. His young wife bore him eleven children, of whom five died young. All but two birth intervals were shorter than two years, and Mrs Young was thirty-eight at the birth of the last child. This appears to be another "unlimited" family. Again, they occupy a large house and employ three or four servants.

¹Data on Broun comes from the Faculty of Advocates in Scotland, 1944

²Simpson, MCMIX

It would be misleading, though, to perceive the profession itself as the factor determining fertility during this early period. What is more important is the type of family from which the professional man and his wife originated. Looking at all first cohort families we find that while the higher professional men tended to have larger families than the lower professionals there are many exceptions. A close look at these exceptions reveals another apparent causal relationship, one which lies in the backgrounds of our professional men and their wives, and particularly in the wealth and status of their families of origin.

Out of this exercise comes some general propositions: a man from a wealthy family, owning (or with the economic capacity to rent) a large house, and employing many servants, marrying a woman of similar background, was likely to have a larger than average (for the cohort) family. He was also more likely to be an advocate, a Doctor of Medicine or a Writer to the Signet than a writer, dentist or accountant.

Conversely, a man from a lower class background, marrying a woman from SSG three to seven, with modest means, was likely to have a smaller family, achieved through spacing or stopping, or a combination of the two. Such a man was more likely to be a writer, dentist, accountant or low grade schoolteacher than an advocate, Writer to the Signet or Doctor of Medicine, since the latter three required more years of formal education than the former, which could be entered following a period of "in service" training.

Some exceptions will now be examined to see whether they support this proposition. Examples have already been given of professional men with large families: Archibald Broun, the advocate; Robert Rainy D.D., Principal of New College; William Young M.D., all with significant

wealth indicators and fathers and fathers-in-law either from established professions or have landed wealth. We have also seen examples of men in "marginal" professions, with small families: William Howard the teacher, James Wenley the accountant and Edward Ayton the dentist.

The significance of SSG background is well illustrated by the case of James Haldane who married Emily Grove, aged twenty-seven, in 1860. Haldane was born in Edinburgh in 1831, the twelfth child of James Alexander Haldane. The Haldanes were a prominent family, tracing their ancestry back 700 years to Sir Roger de Haldane of Gleneagles. They had notable family connections, and Haldane's father was a man of some importance, a pioneer, along with his brother Robert, of evangelical religion in Scotland in the early years of the nineteenth century. Of Haldane's three elder brothers, two chose branches of law and the other medicine.¹

James was one of 15 children, his father having married twice. He had nine children by his first wife and six by his second. Of those seven of his siblings who lived to adulthood and married, family sizes varied from one to twelve, the males having a tendency to large families (six to twelve) and the females having only one, four, five and eight children each. James Haldane was no exception to this pattern, having nine children, of which one died.

Haldane was a Chartered Accountant, a member of a relatively new profession, rather than one of the "traditional" professions. Although accountancy was described in chapter three as a marginal profession,

¹All the data on Haldane and his family come from Sir Aylmer Haldane, The Haldanes of Gleneagles, (Edinburgh: W. Blackwood, 1929) and the Accountants Magazine.

Haldane himself had all the attributes of an established professional man. His entry into the profession is described in 'The Haldanes of Gleneagles':

"In 1856 he qualified as a member of the Society of Accountants in Edinburgh. At that time a knowledge of law was probably considered of little importance to an accountant, but, taking a rather wider view of his future professional duties than was usual, he entered for that purpose the office of his brother, Robert Haldane, W.S. There he remained for two years and gained much valuable experience regarding estate management and other matters. In 1858 he joined the firm, which for many years has been known as Lindsay, Jamieson and Haldane."¹

Clearly, as a professional man, Haldane had more in common with the higher legal men than the lowly accountants.

James and Emily Haldane lived in large houses in the west end of Edinburgh throughout their married life. In 1871 they occupied a 21 roomed house and employed six servants, in 1881 their house had 26 rooms and they had acquired another three servants. This suggests a lifestyle in keeping with a member of a prominent family, rather than an average accountant. His professional and public appointments also suggest an influence beyond that of a man whose primary role in society was that of a member of an emerging profession; they include a number of directorships such as membership of the boards of the Royal Bank of Scotland, the New Zealand and Australian Land Co., and the Arniston Coal Co; he was manager of Edinburgh Royal Infirmary and a Commissioner of Income Tax, the chairman of the Business Committee of the Scottish Episcopal Church, chairman of the committee of the Scottish Conservative Club, a Justice of the Peace and a Deputy Lieutenant of the City of Edinburgh. The evidence relating to family

¹The Haldanes of Gleneagles, p252

background, housing, servant keeping and role in the Edinburgh community and society suggests that although a member of a "modern" profession Haldane himself was typical of the older, established professional men. As we have seen, such men, marrying in the 1850,s and early 60's, tended not to limit the number of children they had.

School teaching was also among the low-grade professions in the later nineteenth century and schoolteachers feature prominently among the pioneers of the smaller family. An exception is Henry Weir, who married Jessie Graham, aged twenty-eight, in 1859. Their nine children were all born between 1860 and 1871, by which time Jessie Weir's fecundity may have been in decline. In this case, type of residence is not helpful, as Weir, being a master at Edinburgh Academy, lived in the Academy with a number of scholar-boarders. So a twenty roomed house with six servants is not necessarily an indication of status and wealth. More relevant is the fact that Weir had a degree from Caius College, Cambridge.¹ This sets him apart from most of the other men who gave their occupation as schoolmaster in this period. A Cambridge education was expensive to acquire, and more or less the privilege of the sons of men with significant wealth and status.² Weir's father was a merchant, one of those occupations which incorporates men of widely varying economic and social status. His wife's father was a Doctor of Laws, evidently a man of some professional standing.

Three other large families illustrate another way in which family of origin might influence family size. In each case the fathers of both

¹Caius College. Cambridge Yearbook 1847

²See Chapter 4 for a comparison of the average costs of education at a Scottish university and at Oxford or Cambridge.

husband and wife were from low SSG's. They are those of Thomas Peddie, civil engineer, Alfred Huxtable, teacher of music, and James Pridie, Doctor of Medicine. The first two, if they represented the family building patterns of their marginal occupations, would be expected to have small families. Dr Pridie, on the other hand is a well qualified member of the medical profession, but is not from the usual professional/ landed gentry background.

Peddie 's father gave his occupation as "sometime farmer", his wife's father was an army sergeant. Their home had five to seven rooms and they were without servants. They had eleven children, of whom ten survived. The Huxtables had eight children (two died). Huxtable's father and father-in-law were both bootmakers. He and his family lived in two to six roomed flats, with one servant.

James Denholm Pridie was born in Edinburgh and trained at Edinburgh University, becoming a Licentiate of the Royal College of Surgeons, Edinburgh in 1841 and a member of the Royal College of Surgeons, England in 1849.

Pridie's father was a hat manufacturer, his wife's father was a printer. Again, men with such occupations range from the successful, wealthy, factory owners employing many workers and making huge profits, through to the small businessmen with a precarious income, to the skilled labourer. James Pridie and his family do not appear to have benefited from wealthy parents. They lived fairly modestly in a six roomed flat in the southside of Edinburgh and had only one or two servants. Although his contribution to the medical fraternity in Edinburgh was not insignificant (he was a member of many professional

societies and published a number of papers) Pridie seems somehow to have missed the recognition of his fellow medics; his obituary in the *Edinburgh Medical Journal* in 1886 gives nothing away other than the date of his death. It may well be that his humble origins set him apart from the more prestigious members of the medical fraternity. The Pridie's family building pattern, eight children born, short birth intervals and the last child born in her mother's fortieth year, does not put them among the pioneers of birth control.¹

This early cohort shows a wide range of family building patterns which are difficult to understand through basic statistical analysis. However, particular combinations of circumstances, which would be missed without the case study approach, provide plausible explanations for the different family building patterns of men with the same occupation. In spite of the rather confusing nature of this cohort, three types of family, with specific family building patterns have emerged. Typical families have been described to illustrate these types. The following is a profile of each type, using summaries of the families described in the Appendix.

¹As well as The Medical Directory and General Medical Register, information on Pridie's involvement in his profession comes from the Edinburgh Medical Journal (Edinburgh: Sutherland & Knox.1858-1890)

Family Building Pattern Type 1. The Pioneers of the Smaller Family

Husband's father = SSG 3 to 6 or low grade professional

Wife's father = SSG 3 to 6 or low grade professional

Size of home = 6 to 12 rooms

Number of servants = 1 or 2

Occupation of husband = low grade professional

Family Building Pattern Type 2. Larger families (a)

Husband's father = SSG 1 or 2 or wealthy commercial

Wife's father = SSG 1 or 2 or farmer

Size of home = 15 to 25 rooms

Number of servants = 3 to 7

Occupation of husband = higher professional

Family Building Pattern Type 3. Larger families (b)

Husband's father = SSG 8 or 9

Wife's father = SSG 8 or 9

Size of home = 2 to 8 rooms

Number of servants = 0 to 1

Occupation of husband = low grade professional.

Chapter three outlined the rise of the new professional men in the later nineteenth century. It was argued that, as the numbers of professional men increased and as their economic and social role became increasingly important, professional men came to look upon themselves as authoritative, leading members of society. The services they offered depended on their ability to order, manage, and control through scientific knowledge and method. During this period of consciously carving a niche in society ensuring status, wealth and autonomy, the values associated with scientific management arising out of the nature of the work of a professional became internalized into the private lives of the professional families.

During the 1850's and early 1860's the professions as a group of occupations lacked the coherence they have now. The label, which was, in the early part of the century, attached to medicine, law, the church and army and navy commissions now extended to other occupations, and some existing occupations, which now fitted the criteria outlined in chapter four.

The Broun's, Young's, Rainy's and Haldane's are of the old tradition. The 'pioneers' of the smaller family, on the other hand, are also pioneer professionals. The route of these pioneers to their professions is not of the traditional younger son buying a medical education or an army commission. Instead, they join the ranks of expanding professions from families which have no traditional attachment to the professions. While the Broun's, Young's, Rainy's and Haldane's positions were assured by an older social order with its attendant value system, these

new professionals were precisely those who needed to establish themselves by their own efforts.

A plausible explanation for the seemingly anomalous family building patterns of lower professionals with working-class family backgrounds is that the leap to internalization of the new professionals' values was too great and was inconsistent with the expectations of such men and their wives. Also, a crucial factor in the family limitation equation may well have been missing; working class wives may not have undergone the socialization, typical for middle class women, which might inhibit their desire for sexual gratification and might even encourage revulsion from sexual intercourse.¹ It was argued in chapter five that this element in the marital relationship would have strengthened both the husband's distaste regarding his own sexual desires and his ability to contain his libido, within the marriage.

The second cohort will now be examined to see whether, in the twenty more years in which the professions to a large extent consolidated their position and identity, changes in their family building patterns justify the above suggestions regarding professionalization and family limitation.

¹See Chapter 2 for a discussion of the socialization of middle class girls in relation to sex.

The Second Cohort

Looking again at the family reconstitution data presented in the previous chapter, and using the subset in which duration of marriage was greater than fifteen years and age of wife at marriage was less than 31 we find the mean number of children ever born to a family in the second cohort was 4.02, one less than in the first cohort. There was also a significantly smaller range and, especially, inter-quartile range - from four to three. The overall picture is more condensed, one of more consolidated family building patterns.

This cohort subset has a rather different composition from the first in terms of the family backgrounds of both husbands and wives; there are nine percent fewer husbands with fathers from SSG 1 or 2 and over eleven percent fewer wives with such backgrounds. At the other end of the scale, more than twice as many husbands have fathers from SSG 8 or 9 (from 14.1% in the first cohort to 31.2% in the second).¹

The wealth indicators (housing and the employment of servants) show a contraction in range, suggesting that professional men were becoming more homogeneous in terms of lifestyle.

Small Families

The small family is becoming the norm for the professional men of Edinburgh by this time. We can focus on twenty-three in this cohort

¹This figures differ from those presented in Tables 6.1 and 6.2 since they refer to the subsets controlling for age of wife at marriage and duration of marriage, rather than to the whole cohorts.

with four or fewer children, all of which show similarities in terms of family building patterns. This contrasts with the first cohort pioneers, who achieved small families by late marriage, spacing, and/or stopping. Although the second cohort contains a number of exceptions, most of these couples with few children do tend towards early stopping.

Of these twenty-three couples a small number either married late or were probably sub-fertile; an example of this appears to be William Todd, advocate, and Ada Kennedy, who married in 1878 and had just one child in 1884, at which time Mrs Kennedy was still only twenty-five.

Focussing on fifteen families which conform to the early stopping pattern it was found that in eight cases the fathers of both the husband and the wife were professional men. In a further four cases, one spouse had a professional background. It seems, then, that second generation professionals can be identified as having a distinctive family building pattern, one of little spacing but early stopping.

One such family was that of William Campbell of Skerrington. He was an advocate, the son of an advocate, and married Alice Mary Fraser, daughter of Lord Fraser, senator of the College of Justice. William Campbell was educated at the Edinburgh Academy and Edinburgh University. He was admitted to the bar in 1878, two years before his marriage, and followed a distinguished legal career: Q.C. 1898, Dean of Faculty 1905-8, Bench 1908-25.¹ Both he and his wife were from distinguished professional upper middle-class families and, had they been around twenty years earlier might have been expected to have a large family. In fact, they married in 1880, when Alice was 25, and had

¹ Faculty of Advocates, 1944

had four children by 1886 when they stopped abruptly, after the birth of their first daughter.

Another such family was the Cheynes', who married in 1876 and had only two children, a girl in 1880 and a boy in 1882, by which time Mrs Cheyne was still only thirty-two. Harry Cheyne was also educated at Edinburgh Academy and Edinburgh University. He was admitted a Writer to the Signet in 1868 and became Justice of the Peace for the county Orkney and Shetland. His father, Henry Cheyne of Tangwick, was also a Writer to the Signet.¹ His wife, Dora Chiene was the daughter of George T. Chiene, one of Edinburgh's leading accountants, and a man of property.²

Finally, John Henry Tod and his wife, Mary Oliver Harrison, were married in 1877, had three sons, in 1878, 1879 and 1881 by which time Mrs Harrison was only thirty-one years of age. Tod was a Chartered Accountant, again educated at Edinburgh Academy, and with an M.A. from Edinburgh University. His father was a Writer to the Signet, his wife's father was in the Madras Medical Service.

Large families

The families discussed in the previous section more or less conform to the same basic pattern, one of small families achieved by early stopping. Among those which do not, it is difficult to identify the reason why. As was mentioned earlier, we must expect to find a number of exceptions to any rule governing family building patterns, both because of the

¹ History of the Society of Writers to His Majesty's Signet, 1936

² W. T. Pike (ed), Edinburgh and the Lothians at Opening of the Twentieth Century. Contemporary Biographies, (Edinburgh: Pike and Co., 1904)

personal nature of decisions and practices governing them, and because some couples are more (or less) fecund than others.

Of the large families (six or more children) we again find a number with high status backgrounds, four middling or mixed, and three with working class backgrounds. Given the different composition of this cohort this represents a significant decrease in the proportion of professionals from working-class backgrounds having large families.

Of the four upper middle-class families with many children, one was that of William Horn, advocate, and Myra Macandrew, who married at the age of nineteen. Horn's father was Dean of the Faculty of Advocates. His wife's father was a Solicitor to the Supreme Court. William Horn was an eldest son whose father died two years before this marriage so inheritance might account for the twenty roomed house with five servants in which the Horn's lived. Horn was educated at Edinburgh Academy and Oriel, Oxford. He was a Justice of the Peace for East Lothian and Midlothian and a Member of the Midlothian County Council.¹

The Horns had six children in quick succession then stopped abruptly when Mrs Horn was only thirty years old. This is clearly family limitation of an effective nature despite the larger than average (for the professions) size of the family. As the previous chapter showed, this stopping behaviour occurred throughout the second cohort.

It is very difficult to perceive any other commonality among large families. Like the four 'middling' (economically and socially) families,

¹Faculty of Advocates, 1944

they are quite mixed in terms of parents' occupations, housing and servant keeping. This contrasts interestingly with the first cohort, in which it was possible to see definite patterns among the larger families.

The fact that the second cohort families show less variability in their family building patterns as well as housing and servant keeping does support the suggestion that the professions were developing a corporate identity as a status group over this period. The crux of this thesis is that a value system born out of the qualities of "modern" professional service, if it was internalized by professional men and their families, would provide them with both the incentive and the wherewithal to limit the size of their families. The fact that there is a convergence of both economic and social aspects of professionals' lifestyles and family building patterns, and that this is most evident among second generation professionals gives further credence to these speculations.

Paradoxically, this new professionalism and its suggested relationship with family limitation is best illustrated by the case of Patrick Heron Watson and Elizabeth G. Miller, who married in 1861 (and so fall within the first cohort). This is a paradox rather than a contradiction, since it can be shown that Watson was a man ahead of his time, a forerunner of the professional characters in the second cohort. This family will also be used to illustrate the ideas regarding Victorian middle-class sexuality discussed in chapter five. Watson was a surgeon, registered in 1858 (when registration began) having gained his medical degree in 1853, and he was a lecturer on Surgery at Surgeon's Hall, Edinburgh. This was a high status family with a solid professional background. Watson's father was a Doctor of Divinity from an old,

propertied family, and his wife's father was a Professor of Surgery at the Edinburgh Medical School.¹

Patrick and Elizabeth Watson lived in a large house (17 to 21 rooms) in Charlotte Square with six or seven servants. Most such couples from this cohort were likely to have had at least six children, probably more. This family, however, had four; two daughters, born in 1862 and 1869, and two sons, born in 1871 and 1879. This family building pattern is interesting. The marriage to first birth, and second to third birth intervals suggest no sub-fertility, yet the other two intervals are exceptionally long - nearly seven and nearly eight years respectively. We cannot rule out natural fertility, with the gaps accounted for by stillbirths and miscarriages, but this seems unlikely since the intervals are so very long. If, however, the long birth intervals are due to deliberate birth control (perhaps involving "mistakes"), why was it exercised and how was it achieved?

Patrick Heron Watson was the seventh of twelve children born to the Reverend Charles Watson and Isabella Boog. Of these twelve, four died in infancy and two more before reaching adulthood. During a period of high child mortality the senior Watson family had extensive experience of the precarious nature of young life at that time. Patrick's father was both landed and educated and Patrick himself vigorously pursued his medical career. A Fellow of the Royal College of Surgeons of Edinburgh and of the Royal Scottish Academy, he was highly regarded both as a practicing surgeon and as an academic.

¹There are a number of sources of data on Patrick Heron Watson, apart from the obvious Medical Directory and General Medical Register. He also appears in Pike, 1904, and the Dictionary of National Biography.

Those of his writings which deal with more than purely the techniques of clinical surgery provide some insights into the man's character, and suggest that he was in the vanguard of modern medical professionalism as distinct from a gentleman physician in the old tradition. In his introductory address delivered at Surgeon's Hall at the opening of the Medical Session in 1866 he talked of medicine as practiced 'today' as an art, but one which was becoming more scientific. His awareness that the medical profession was moving into a new era is expressed in the following statement:

"It seems to me, Gentlemen, that you have fallen on strange times for the study of your profession; one in which the old and treasured traditions of the past are fast melting away like scattered snowflakes in early summer; one in which the once time-honoured landmarks of the profession are fast disappearing. And while all this whirlwind of conflicting opinion sweeps the face of medical science, the period of reconstruction out of the shattered ruins of the past is only commencing."¹

The work of the new medical men is, according to Watson, born out of application and knowledge gained from "personal, individual experience". Most interesting is an emphasis on a scientific understanding of nature, the use of preventive medicine and the avoidance of surgery wherever possible:

"The direction in which science seems to open a way in the further progress of the medical art, is to prevent, rather than to cure disease, and to recognise the influence which unaided nature exerts in the cure of disease and injury. This potency of nature encouraged by gentle means, by careful nursing, by appropriate dieting, by a knowledge of the *juvantia* and of the *ledentia* of the sick and injured, and as little as possible of the wholesale amputations and the half-poisonous administration of drugs which found favour in the times of our

¹Patrick Heron Watson, Introductory Address delivered at Surgeons' Hall, Edinburgh, at the Opening of the Medical Session, October 1866 (Edinburgh: Oliver and Boyd, 1867)p22

forefathers will manifestly constitute the scientific medicine and surgery of the future."¹

This approach is also apparent in Watson's paper summarizing the progress made in the treatment of venereal disease from the 1830's.² Here he is very quick to point out the uselessness of old medical techniques, such as bleeding for local conditions. In both papers he is very conscious of the progress being made, and still to be made in medical science and practice. In both papers reference is made to the need for "self-restraint" and morality among young men, in order that young medical students may apply themselves to their work and not bring the profession into disrepute, and to avoid the spread of venereal disease.

An interesting insight into Dr Watson comes from 'Seven Against Edinburgh', the tale of the struggle of seven women to train as medical practitioners in Edinburgh in the 1870's and 80's. Watson is described as "the busiest surgeon in Scotland" and it is revealed that, when the medical training institutions of Edinburgh were barring their doors to women in a most aggressive manner, Watson gave up his valuable Sundays to teach the women clinical surgery.³

This implies that Watson's attitude to women was ahead of his time and this is born out by the education his two daughters received. Both were educated first in Edinburgh, and then, extensively as far as can be gathered, in Europe.

¹ *ibid.* p23

² "On Venereal Disease", in Edinburgh Medical Journal, 1861.

³ Muriel Masefield, Seven Against Edinburgh, (Toronto: William Heinemann Ltd., 1951) 219

Perhaps Dr Watson was indeed a "New Man", rejecting the complacent and conservative attitudes of the well born surgeon of the "gold-topped cane" medical tradition, having instead a highly developed sense of the scientific way medical practice was moving, and rejecting the values of the traditional gentleman's family in relation to its womenfolk? These values, plus the experience of being a child in a large family of which half of the children died, may add up to a man with the incentive and the ability to limit the number of children his wife had to bear.

But what of Elizabeth Watson? Predictably, there is no biographical data on her. Her father, James Miller, however, not only wrote about medical matters but also wrote various tracts on moral issues of the day. We do not know how far the young Elizabeth may have internalized the values of her father, but, in the absence of any more valid data, we might look at her father's writings as evidence of one of the influences shaping her attitudes and values. Moreover, the attitudes and values expressed in Elizabeth's father's writings are perfectly consistent with those of other men writing about these issues at the time and which were analysed in chapters two and five.

Three of James Miller's writings advocate total abstinence from alcoholic beverages, and one argues the case for observing the Sabbath. Most interesting for the purposes of this study is his pamphlet on "Prostitution considered in relation to its Cause and Cure." In this paper Miller echoes the writings of Acton and others of his ilk discussed in chapter two. Of his twelve causes of prostitution the prostitutes themselves were, according to Miller, responsible for the majority: ignorance, intemperance, irreligion, vanity and love of dress and so on.

But rarely passion. Women, Miller argues, have no sex drive and

"in most cases of seduction, the yielding of the woman is not so much, if at all, to the force of animal desire in herself, as to the gratifying of this in her lover".¹

This urge to gratify the male is raised to almost a holy state, but only when it occurs within marriage, in a union blessed by God and sanctioned by society. If submitted to freely it is shameful and degrading and leads to the development of animal passion in women. The implication here is that woman is capable of strong sexual feeling only as a result of debasement of her womanliness. In his discussion of "cures" for prostitution he asks that the right principles be instilled in children, that they might grow up

"with a consciousness on the part of the female, that she carries a priceless jewel in her honour - however plain her person - however humble her rank may be - which, without deepest shame and detriment, she dare not give away."²

This ideology, if it filtered through to the young Elizabeth Miller, was surely likely to inhibit the development of her sexuality so that sexual experiences would not be pursued for the sake of the resulting physical pleasure, but succumbed to in order to satisfy her husband and/or her desire to have children.

Miller accepted the notion that male sexuality is by nature aggressive, but argued that it becomes a master passion if indulged for its own sake (outside the love-union of marriage). He believed that another "cure" for prostitution was to end the popular delusion regarding male

¹James Miller, Prostitution considered in relation to its Cause and Cure Pamphlet published by Sutherland and Knox of Edinburgh. No date. p6

²ibid. p15

physiology, that occasional sexual indulgence is necessary to good health. Of this "popular delusion", he argues that wives "temporarily laid aside from marital reciprocity have been told it, and have in consequence become parties to a vicarious supply."¹

Thus he suggests that women are so convinced that men cannot control their libido that they actually collude in supplying their husbands with prostitutes. He is implying here that instead men should and could control their sexual urges both within and outwith the marital relationship.

From this pamphlet can be gleaned the following of James Miller's attitudes to sex: women have little or no sexual urges but endure sexual intercourse to gratify their husbands and to conceive; women who desire sexual gratification for its own sake are debased; the sex drive of a man is naturally strong but should be kept in check and indulged only within marriage; even within marriage sexual restraint is not harmful, but actually strengthens a man's character.

The implications of the writings of and about Patrick Heron Watson and James Miller for the marital relations of Watson and his wife are tenuous but worth examining in the light of the following two facts; they have a small family and long spaces between births. If Heron's attitude to his profession extended to other aspects of his life he would have been forward looking and controlled enough to deliberately limit the size of his family. If Heron's attitude to his daughters and female medical students extended to his own wife, he would have respected her as a person in her own right, and be considerate of any wish of hers to

¹ibid. p18

avoid conception or sexual intercourse. If Elizabeth was much influenced by her father's attitudes to sex she might have felt no urge for sexual intercourse for its own sake, or even some revulsion. She would also have felt it appropriate and within her rights to ask that she be "temporarily laid aside from marital reciprocity" until such time as she desired to conceive a child. In such a case, to go back to the second 'if', her husband would comply.

Chapter 8

Conclusion

The fertility decline which began, among some identifiable social groups, in the nineteenth century is a highly significant social phenomenon with widespread economic and social implications. Over the next seventy years others adopted the practice of family limitation and the two to three child family became, and still remains, the norm in Britain. This thesis has examined and analysed the size and structure of families in a social and occupational group which was among the first to demonstrate family limitation, and reached tentative conclusions concerning why and how this group were early family limiters. What might be the relationship between their motivation and methods and those of groups who began family limitation later?

The arguments in this thesis rest on the notion that professionals were unique in terms of the value system they adopted and internalized from around the mid nineteenth century. This value system was associated with the values which inhere in modern professionalism - a combination of theory and experience applied to the physical and social world in order to control it in the interests of 'progress', the client employing the professional's services and the professional himself. The social act of the professionalization of a number of occupations associated with scientific management resulted in the development of a corporate identity of modern

professionals and a strengthening of their value system. The internalization of the values of control (including self-control), management (including personal management) and the perceived need to tame nature (including 'human nature') made the control of the male libido possible and desirable. Combined with economic and social incentives to limit family size, and further encouraged by a negative attitude to sexual pleasure on the part of middle class women, the small family could be achieved as a result of infrequent sexual intercourse. This intuitively derived proposition is supported by the small family sizes demonstrated by both cohorts in the study, the decrease in the number of children born over the twenty years covered (during which period the professionalization of the occupations under study was making rapid progress), and the increasing instances of 'stopping' which imply the use of an effective method of birth control , when none other than quasi-abstinence existed.

The professionals were not necessarily the only group to employ family limitation strategies in the second half of the nineteenth century, or indeed from the third quarter. The 1911 Fertility Report data suggest that they were the first but this is not certain.¹ Certainly the adoption of family limitation by different social groups over the period of the fertility decline is difficult to ascertain from the 1911 Fertility Report; categorization of occupations into alternative 'classes' , as Haines has shown, reveals different patterns, especially regarding fertility differentials between 'classes' during the middle

¹See Szreter, 1983, for criticisms of the validity of the observations regarding the fertility of different occupations in the 1911 Fertility report.

period of the fertility decline (demonstrated by the cohorts marrying between 1886 and 1896.¹

The 1911 Report's figures on early marital fertility, (especially of those women marrying before 1861) are particularly unreliable since they are based on the returns of women who were still alive in 1911 and are therefore skewed towards younger marriers. Other groups which demonstrated a decline in marital fertility around this period are shopkeepers and textile workers. The propositions put forward here regarding professionals and family limitation are inappropriate to both of these other groups insofar as the value system described as inherent in the professionals' role and work had little to do with shopkeeping, spinning or weaving.

Banks explains the adoption of family limitation strategies by other groups in terms of the 'principle of stratified diffusion' and cites the early low fertility of domestic servants as supporting evidence. Textile workers, however, were residentially and culturally divorced from professionals, so imitation seems unlikely. Shopkeepers had some contact with professional households (although less than with other groups since marketing was, in the case of the better-off professionals, done by servants) but should we assume that shopkeepers chose to imitate them rather than their prestigious, wealthy mercantile customers?

¹Haines, Michael, 'Social Class and Fertility Decline.' in Population Studies Vol.43. No.2. 1989. pp314-316.

It is quite possible that the fertility declines of these various groups were only tenuously linked and that precise reasons and methods varied from group to group; as the introduction to this thesis argues, and other historians working in this area have shown, there were economic and social incentives to limit family size from the mid-nineteenth century which affected all social and economic groups. These incentives were not necessarily the result of declining income as possibilities for alternative consumption increased during the second half of the nineteenth century. In short, children were becoming more of an economic liability than an economic asset and the social and emotional costs of each child were increasing while the household budget was increasingly taken up by new forms of consumerism. The trigger necessary to translate incentive into action was the acceptability of deliberate family limitation. The arguments here regarding abstinence and sexuality are probably only appropriate to the fertility decline of middle class couples, with the peculiarities of the value system associated with modern professionalism providing the final encouragement necessary to ensure effective birth control by the restriction of sexual intercourse within marriage. Thus, it can be argued, the relationship between the fertility decline of professionals and that of other occupational groups was simply that they all existed at a time when pressures for family limitation were strongly felt - when economic and social motivation was strong. However, the trigger which made birth control acceptable during the earliest period of the fertility decline, (that is among those who used family limitation methods before the mass of the population), probably involved a range of

quite different variables, and the methods employed by groups other than the professionals were less likely to include abstinence.¹

Nevertheless, professionals may well have influenced others to use birth control, not as the result of blind imitation but because the professionals were a rising force in British society with an increasingly high public profile. Their work, and the values that lay behind it, infiltrated many aspects of the lives of the British people, through the state education system, the public health movement and the growth of a bureaucracy which involved a chain of command from professionals to a rapidly expanding white collar labour force which overlapped, culturally, with members of the working class.²

It is in the nature of the Ph.D thesis that opportunities to pursue potentially fruitful ideas and areas are limited by time. Further explorations into sexual mores, expectations and behaviour in relation to fertility would be especially useful as these variables, so crucial to family building behaviour, have received very little attention by historical demographers to date.

As it is this thesis represents something of a leap into the unknown, a new approach to the fertility decline. The ideas put forward concerning marital sexuality, the nature of professionalism and family limitation, and their

¹Diana Gittins (1982), Eileigh Garret (1986) and Angus Maclaren (1978) all suggest that the working class couples in their studies were achieving small families by other means.

²This 'cultural overlap' is demonstrated by Robert Q. Gray in 'Religion, Culture and Social Class in Late Nineteenth and Early Twentieth Century Edinburgh.' in Geoffrey Crossick (ed) The Lower Middle Class in Britain 1870-1914 (London: Croom Helm Ltd., 1977).

relationship, are supported by a diversity of data which cannot be used as conclusive evidence, but which all point in the same direction.

It is only through micro-level studies such as this that the fertility decline can be understood. The people of Britain demonstrated such a heterogeneity of fertility patterns over the period of this stage of the 'demographic transition' - a period lasting some eighty years, from around 1850 to 1930 - that a search for one single causal factor is doomed, either because it does not exist or because the need to explain what inhibited some members of society from responding to it becomes the major problem. So, rather than a few large scale studies, many more 'intimate' studies should be undertaken. The more micro-level studies that are carried out the more confident we can be about our conclusions.

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Appendix

Examples of Typical Family Building Patterns

Marriage:= date of marriage-end of marriage (or date of end for demographic purposes)

Husband: Age=age at marriage. OCCUPATION. Father: OCCUPATION

Wife: Age=age at marriage. OCCUPATION (where given). Father: OCCUPATION

Children: Total born. D-=daughter, date of birth. S-=son, date of birth.

FIRST COHORT

Marriage: 1857-1881

Husband: Age 35. DR. OF MEDICINE. Father: FLESHER.

Wife: Age 37. Father: FARMER.

Children: 1. D-14/06/58.

Age of wife at last birth: 38

Marriage: 1860-1881

Husband: Age 24. WRITER. Father: MERCHANT.

Wife: Age 23. Father: SADDLER.

Children: 1. D-26/02/61

Age of wife at last birth: 24

Marriage: 1859-1879

Husband: Age 36. S.S.C. Father: NOT KNOWN.

Wife: Age 33. Father: FARMER.

Children: 1. D-2/03/62

Age of wife at last birth: 36

Marriage: 1859-1876

Husband: Age 63. DR. OF MEDICINE. Father: CLERGYMAN.

Wife: Age 30. Father: DR. OF MEDICINE.

Children: 2. D-21/01/61. D-5/10/63

Age of wife at last birth: 34

Marriage: 1856-1881

Husband: Age 49. DENTIST. Father: PRIVATE MEANS.

Wife: Age 31. Father: PRIVATE MEANS.

Children: 2. D-28/06/57. D-29/12/59 (DIED 10/04/77).

Age of wife at last birth: 34

Marriage: 1860-1881

Husband: Age 34. WRITER. Father: FARMER.

Wife: Age 36. Father: WRITER.

Children: 2. S-7/08/61. D-12/06/63

Age of wife at last birth: 39

Marriage: 1859-1880

Husband: Age 37. WRITER. Father: WRITER.

Wife: Age 27. Father: RESIDENTER.

Children: 3. S-29/04/61. S-8/04/63. D-3/02/70

Age of wife at last birth: 38

Marriage: 1859-1881

Husband: Age 28. WRITER. Father: NOT KNOWN

Wife: Age 28. Father: NOT KNOWN.

Children: 3. S-24/02/60. D-6/04/63. D-10/05/67

Age of wife at last birth: 36

Marriage: 1857-1868

Husband: Age 35. DENTIST. Father: WOOLCOMBER.

Wife: Age 37. Father: BUILDER.

Children: 3. D-5/01/58. S-17/05/62. D-17/05/62

Age of wife at last birth: 42

Marriage: 1861-1876

Husband: Age 28. WRITER. Father: SHIPOWNER.

Wife: Age 23. Father: FARMER.

Children: 3. D-10/05/63. D-10/05/63. D- 27/12/69

Age of wife at last birth: 30

Marriage: 1860-1881

Husband: Age 36. TEACHER. Father: MERCHANT.

Wife: Age 38. Father: S.S.C.

Children: 4. D-16/10/61. D-16/10/62. S-10/12/63. D-11/01/69

Age of wife at last birth: 47

Marriage: 1860-1881

Husband: Age 34. ADVOCATE. Father: LORD OF SESSION.

Wife: Age 23. Father: BANKER.

Children: 4. S-3/12/61. D-22/05/63. D-29/06/64. D-27/04/67 (DIED 7/05/67).

Age of wife at last birth: 30

Marriage: 1856-1877

Husband: Age 25. TEACHER. Father: COMEDIAN.

Wife: Age 24. Father: GENTLEMAN.

Children: 4. D-23/01/59. S-20/02/61. D-24/06/62. S-18/07/72

Age of wife at last birth: 40

Marriage: 1856-1881

Husband: Age 23. DENTIST. Father: COMMISSION AGENT.

Wife: Age 22. Father: ARTIST.

Children: 4. S-12/01/58. D-13/07/61. S-6/05/63. S-19/05/63

Age of wife at last birth: 29

Marriage: 1859-1881

Husband: Age 29. WRITER. Father: PLASTERER.

Wife: Age 29. Father: MASTER OF SHIP.

Children: 4. D-15/08/60. D-29/01/64. D-8/06/66. S-16/02/69

Age of wife at last birth: 39

Marriage: 1861-1881

Husband: Age 29. DR. OF MEDICINE. Father: DR. OF DIVINITY.

Wife: Age 20. Father: PROF. OF SURGERY.

Children: 4. D-19/04/62. D-24/01/69. S-17/09/71. S- 5/07/79

Age of wife at last birth: 38

Marriage: 1858-1871

Husband: Age 22. DENTIST. Father: PHYSICIAN

Wife: Age 22. Father: ARTIST.

Children: 4. S-27/11/59. S-9/08/61. D-19/03/63. S-22/10/64

Age of wife at last birth: 28

Marriage: 1860-1881

Husband: Age 32. WRITER. Father: S.S.C.

Wife: Age 21. Father: SHIPBUILDER.

Children: 5. S-26/05/61. D-30/08/63. D-11/08/67 (DIED 8/08/69). D-2/06/70. S-18/03/75

Age of wife at last birth: 36

Marriage: 1861-1881

Husband: Age 31. EPISCOPALIAN CLERGYMAN. Father: LANDED PROPRIETOR.

Wife: Age 33. Father: JEWELLER.

Children: 5. S-5/06/62. D-24/04/64 (DIED 26/01/79). S-8/01/66. D-18/01/68. D-8/09/71 (DIED 7/12/71).

Age of wife at last birth: 43

Marriage: 1859-1881

Husband: Age 26. ADVOCATE. Father: WRITER.

Wife: Age 22. Father: DR. OF MEDICINE.

Children: 5. S-9/12/63. D-12/10/67. D-5/12/71. S-11/03/73. D-3/08/75

Age of wife at last birth: 38

Marriage: 1859-1881

Husband: Age 26. ARCHITECT. Father: BUILDER.

Wife: Age 24. Father: ADVOCATE.

Children: 5. D-25/11/59. S-26/12/61. D-11/08/64. D-15/10/71. D-1/09/75

Age of wife at last birth: 40

Marriage: 1858-1881

Husband: Age 25. WRITER TO THE SIGNET. Father: WRITER TO THE SIGNET.

Wife: Age 21. Father: MERCHANT.

Children: 5. S-24/09/59. D-12/01/64. S-22/10/66. D-20/08/69.

S-16/11/77

Age of wife at last birth: 40

Marriage: 1861-1881

Husband: Age 26. TEACHER. Father: MERCHANT.

Wife: Age 27. Father: CIVIL ENGINEER.

Children: 6. D-24/12/62 (DIED 1/04/64). D-9/07/65. S-9/04/67. S-23/09/68.

S-25/11/70. D-26/06/72

Age of wife at last birth: 38

Marriage: 1856-1881

Husband: Age 31. WRITER. Father: TINSMITH.

Wife: Age 25. Father: CORN MERCHANT.

Children: 6. D-8/11/57. S-8/10/58 (DIED 9/12/58). S-7/09/59. D-5/03/61.

S-4/10/62. S-27/09/64 (DIED 26/04/66)

Age of wife at last birth: 33

Marriage: 1859-1881

Husband: Age 22. WRITER. Father: JOINER.

Wife: Age 22. Father: TEA MERCHANT.

Children: 6. D-24/07/60. D-24/06/63. D-29/11/64. D-24/05/68 (DIED 1/06/69).

D-18/11/72 (DIED 7/06/75). S-4/12/76

Age of wife at last birth: 39

Marriage: 1856-1881

Husband: Age 33. ARCHITECT. Father: GENTLEMAN.

Wife: Age 23. Father: WOODHEAD.

Children: 6. D-13/07/57. S-7/07/59. S-13.07.63. D-16.07.65. S-12.07.68. S-1/04/60

Age of wife at last birth: 38

Marriage: 1857-1881

Husband: Age 31. MINISTER. Father: DR. OF MEDICINE.

Wife: Age 22. Father: PRIVATE MEANS.

Children: 7. D-19/11/58. S-13/11/59 (DIED 24/01/60). D-24/12/60. S-3/04/62.

S-6/04/67. D-9/01/71. S-11.02.75

Age of wife at last birth: 40

Marriage: 1860-1880

Husband: Age 33. CHARTERED ACCOUNTANT. Father: MERCHANT.

Wife: Age 25. Father: WRITER TO THE SIGNET.

Children: 7. S-27/04/61. D-23/01/63. D-21/02/65. D-20/11/66.

S-22/06/70. S-6/03/72. S-26/05/74

Age of wife at last birth: 39

Marriage: 1858-1881

Husband: Age 27. WRITER. Father: CHURCH OF SCOTLAND MINISTER.

Wife: Age 20. Father: BOOTMAKER.

Children: 8. D-20/05/58. D-13.05.60 (DIED 18/02/67). D-2/03/62. S-3/01/64.

D-19/03/66. D-14/10/67. S-17.01.71. D-29/10/72 (DIED 22/04/74)

Age of wife at last birth: 34

Marriage: 1857-18791

Husband: Age 29. TEACHER. Father: CARTER.

Wife: Age 28. Father: GROCER.

Children: 7. D-23/11/58. D-10/06/60 (DIED 19/03/63). D-22/10/62 (DIED 24/10/62).

D-30/10/63 (DIED 27/03/65). D-1/03/66. D-31/10/68 (DIED 18/05/76).

D-2/12/70 (DIED 8/07/72)

Age of wife at last birth: 41

Marriage: 1861-1881

Husband: Age 24. WRITER. Father: OVERSEER.

Wife: Age 29. Father: LEATHER MERCHANT.

Children: 7. D-5/01/61. S-24/06/65. S-26/09/67. D-16/02/70. D-9/04/75. S-15/05/76.

S-18/08/77 (DIED 18/07/79)

Age of wife at last birth: 45

Marriage: 1857-1881

Husband: Age 42. DR. OF MEDICINE. Father: HAT MANUFACTURER.

Wife: Age 27. Father: LABOURER.

Children: 8. S-5/09/58 (DIED 25/11/61). S-16/12/59. D-8/02/61. S-3/03/63.

S-14/02/65. D-22/01/67. S-21/01/69. D-6/02/72

Age of wife at last birth: 40

Marriage: 1859-1881

Husband: Age 31. TEACHER. Father: BOOT MAKER.

Wife: Age 25. Father: BOOT MAKER.

Children: 8. D-17/04/60. D-8/05/62. D-22/10/63. D-17/06/65.

S-11/06/68 (DIED 8/07/68). S-31/10/69. S-24/04/72 (DIED 29/06/73). D-12/06/76

Age of wife at last birth: 42

Marriage: 1857-1881

Husband: Age 40. ADVOCATE. Father: CAPTAIN IN THE ROYAL NAVY.

Wife: Age 21. Father: SURGEON.

Children: 8. D-12/01/58. D-3/02/60 (DIED 15/01/74). S-5/09/62. S-23/10/64.

S-18/12/66. D-13/07/68. S-5/03/73. S-20/11/77

Age of wife at last birth: 41

Marriage: 1860-1881

Husband: Age 29 CHARTERED ACCOUNTANT. Father: ESQUIRE.

Wife: Age 27. Father: CAPTAIN IN THE ROYAL NAVY.

Children: 9. D-27/05/61. D-22/08/62. D-13/11/64. D-13/11/64.

S-30/11/66 (DIED 30/01/68). S-30/11/66. S-18/06/70. S-10/05/72.

S-16/06/76

Age of wife at last birth: 43

Marriage: 1859-1881

Husband: Age 42. CLASSICAL MASTER. Father: MERCHANT.

Wife: Age 28. Father: DR. OF LAWS.

Children: 9. S-1/11/60. D-8/03/62. D-1/06/63. D-25/02/65. S-28/07/66. D-17/12/67.

S-3/12/68. D-22/05/70. D-14/08/71

Age of wife at last birth: 40

Marriage: 1861-1877

Husband: Age 57. WRITER TO THE SIGNET. Father: PRIVATE MEANS.

Wife: Age 31. Father: FARMER.

Children: 10. 3 ILLEGITIMATE, LEGITIMISED BY THIS MARRIAGE.

ALSO: D-28.01.62. D-28.01.62. S-12.07.64. S-3.03.66. S-11.07.67. D-27.09.68.

S-30.09.70

Age of wife at last birth: 40

Marriage: 1861-1881

Husband: Age 27. CIVIL ENGINEER. Father: SOMETIME FARMER.

Wife: Age 18. Father: SERGEANT, ROYAL ARTILLERY.

Children: 11. S-27/04/62. S-7/03/64 (DIED 5/12/66). D-19/03/66. S-5/04/68. S-5/03/70. S-13/02/72. D-11/07/74. S-14/11/76. S-14/06/79. S-8/04/86

Age of wife at last birth: 33

Marriage: 1858-1881

Husband: Age 26. DR. OF MEDICINE. Father: DR. OF MEDICINE.

Wife: Age 21. Father: MINISTER.

Children: 11. D-6/10/59. D-17/01/61 (DIED 1/09/63). D-22/03/62 (DIED 5/06/64).

D-19/10/64. S-23/01/66. S-13/05/67. S-5/01/69. S-11/01/70.

S-27/03/71 (DIED) 22/01/72). S-15/05/73 (DIED 20/03/74). S-27/02/75 (DIED 1/03/78)

Age of wife at last birth: 38

SECOND COHORT

Marriage: 1880-1901

Husband: Age 33. TEACHER. Father: COACH HIRER'S FOREMAN.

Wife: Age 30. Father: WINE MERCHANT

Children: 1. S-2/06/81

Age of wife at last birth: 31

Marriage: 1879-1901

Husband: Age 23. TEACHER. Father: SEWING MACHINE MAKER.

Wife: Age 28. Father: OPTICIAN

Children: 1. S-21/06/83

Age of wife at last birth: 32

Marriage: 1881-1901

Husband: Age 24. ADVOCATE. Father: BANK MANAGER.

Wife: Age 26. Father: SENATOR, COLLEGE OF JUSTICE

Children: 1. S-22/08/88

Age of wife at last birth: 33

Marriage: 1878-1901

Husband: Age 25. ADVOCATE. Father: ANNUITANT.

Wife: Age 19. Father: CIVIL ENGINEER

Children: 1. S-7/03/84

Age of wife at last birth: 25

Marriage: 1876-1901

Husband: Age 31. WRITER TO THE SIGNET. Father: WRITER TO THE SIGNET.

Wife: Age 26. Father: CHARTERED ACCOUNTANT

Children: 2. D-22/02/80. S-8/12/82

Age of wife at last birth: 32

Marriage: 1880-1901

Husband: Age 27. TEACHER. Father: GARDENER.

Wife: Age 23. Father: TEACHER

Children: 2. D-22/05/81. D-29/01/88

Age of wife at last birth: 31

Marriage: 1878-1895

Husband: Age 27. SOLICITOR. Father: FARMER.

Wife: Age 24. Father: TEACHER

Children: 2. D-26/02/79. S-21/06/81 (DIED24/10/86)

Age of wife at last birth: 27

Marriage: 1879-1901

Husband: Age 47. WRITER TO THE SIGNET. Father: S.S.C..

Wife: Age 30. Father: BANKER

Children: 2. D-25/06/80. S-1/09/81

Age of wife at last birth: 32

Marriage: 1879-1890

Husband: Age 25. WRITER TO THE SIGNET. Father: WRITER TO THE SIGNET.

Wife: Age 27. Father: DR. OF MEDICINE

Children: 2. S-16/04/81. S-9/07/82

Age of wife at last birth: 30

Marriage: 1879-1889

Husband: Age 31. CHARTERED ACCOUNTANT. Father: WRITER TO THE SIGNET.

Wife: Age 22. Father: PUBLISHER

Children: 3. D-12/05/80. S-2/10/81. D-19/02/83

Age of wife at last birth: 26

Marriage: 1877-1901

Husband: Age 31. CHARTERED ACCOUNTANT. Father: WRITER TO THE SIGNET.

Wife: Age 27. Father: DR. OF MEDICINE

Children: 3. S-24/05/78. S-27/09/79. S-2/-3/81

Age of wife at last birth: 31

Marriage: 1877-1901

Husband: Age 31. DR. OF MEDICINE. Father: DR. OF MEDICINE.

Wife: Age 25. Father: LANDED PROPRIETOR

Children: 3. D-15/06/78. D-14/02/80. S-19/06/84

Age of wife at last birth: 32

Marriage: 1877-1893

Husband: Age 28. WRITER TO THE SIGNET. Father: WRITER TO THE SIGNET.

Wife: Age 25. Father: MAJOR GENERAL

Children: 3. S-9/09/78. D-1/10/79. S-13/04/82

Age of wife at last birth: 30

Marriage: 1876-1885

Husband: Age 32. ADVOCATE. Father: BOOKSELLER.

Wife: Age 24. Father: MINISTER

Children: 3. S-11/04/77. S-22/05/78. S-23/02/80

Age of wife at last birth: 28

Marriage: 1879-1901

Husband: Age 29. ARCHITECT. Father: LANDED PROPRIETOR.

Wife: Age 24. Father: MAJOR GENERAL

Children: 3. S-17/12/86. S-6/03/88. D-18/01/90

Age of wife at last birth: 35

Marriage: 1878-1891

Husband: Age 44. CITY MISSIONARY. (UNITED PRESBYTERIAN). Father: FARMER.

Wife: Age 40. Father: SKINNER

Children: 3. S-24/12/78. S-13/08/98. S-15/06/82

Age of wife at last birth: 44

Marriage: 1879-1901

Husband: Age 30. WRITER TO THE SIGNET. Father: WRITER TO THE SIGNET.

Wife: Age 25. Father: WRITER TO THE SIGNET

Children: 4. S-26/05/80. S-12/02/84. S-2/01/89. D-15/05/91

Age of wife at last birth: 37

Marriage: 1880-1901

Husband: Age 24. ADVOCATE. Father: ADVOCATE.

Wife: Age 25. Father: ADVOCATE

Children: 4. S-11/02/81. S-3/06/82. S-27/01/84. D-13/12/86

Age of wife at last birth: 31

Marriage: 1880-1901

Husband: Age 35. CHARTERED ACCOUNTANT. Father: WRITER TO THE SIGNET.

Wife: Age 30. Father: ADVOCATE

Children: 4. S-12/12/81 (DIED 12/12/81). D-17/10/82. S-19/01/87. S-16/03/91

Age of wife at last birth: 34

Marriage: 1879-1901

Husband: Age 28. CHARTERED ACCOUNTANT. Father: BANK MANAGER.

Wife: Age 25. Father: EAST INDIA MERCHANT

Children: 4. S-26/05/80. D-15/03/82. S-28/07/84. D-27/11/95

Age of wife at last birth: 41

Marriage: 1877-1901

Husband: Age 26. WRITER TO THE SIGNET. Father: SHERIFF ADVOCATE.

Wife: Age 25. Father: ARCHITECT (ROYAL SOCIETY OF ARCHITECTS)

Children: 4. D-26/06/79. S-4/04/83. D-2/03/87. D-17/08/90

Age of wife at last birth: 38

Marriage: 1877-1901

Husband: Age 31. WRITER TO THE SIGNET. Father: WRITER TO THE SIGNET.

Wife: Age 26. Father: WRITER TO THE SIGNET

Children: 4. D-31/12/79. D-7/04/81. D-2/03/83. S-7/12/86

Age of wife at last birth: 37

Marriage: 1879-1901

Husband: Age 41. MINISTER AND TEACHER. Father: CLOTHIER.

Wife: Age 29. Father: MINISTER

Children: 4. D-3/10/80. S-26/02/82 (DIED 30/05/82). S-10/12/83. S-27/12/85

Age of wife at last birth: 35

Marriage: 1878-1901

Husband: Age 31. ADVOCATE. Father: FREE CHURCH MINISTER.

Wife: Age 29. Father: FOREIGN MERCHANT

Children: 4. D-15/03/81. D-29/08/82. S-19/04/84. D-7/06/86

Age of wife at last birth: 37

Marriage: 1881-1901

Husband: Age 28. WRITER TO THE SIGNET. Father: BAKER.

Wife: Age 22. Father: WHOLESALE GROCER

Children: 4. D-12/02/84. S-26/07/85. S-22/07/87. S-4/02/96

Age of wife at last birth: 37

Marriage: 1881-1901

Husband: Age 34. ADVOCATE. Father: BANK MANAGER.

Wife: Age 24. Father: BREWER

Children: 4. S-17/02/82. S-6/11/84. S-23/11/87. D-13/04/90

Age of wife at last birth: 33

Marriage: 1880-1901

Husband: Age 22. SOLICITOR. Father: INLAND REVENUE OFFICER.

Wife: Age 24. Father: STOCKBROKER

Children: 4. D-24/10/81. D-12/12/82. S-24/07/85. S-20/02/87

Age of wife at last birth: 31

Marriage: 1881-1901

Husband: Age 32. S.S.C. Father: UPHOLSTERER.

Wife: Age 33. Father: WATCHMAKER

Children: 4. D-28/08/82. S-26/06/88. D-13/02/90. S-22/09/91

Age of wife at last birth: 43

Marriage: 1878-1891

Husband: Age 23. TEACHER. Father: SADDLER.

Wife: Age 24. Father: HOUSE AND LAND AGENT

Children: 4. S-17/06/79 (DIED 12/04/82). D-9/02/81. S-12/12/82. S-11/11/86

Age of wife at last birth: 32

Marriage: 1878-1897

Husband: Age 32. TEACHER. Father: BLACKSMITH.

Wife: Age 33. Father: GENERAL MERCHANT

Children: 4. S-15/06/79. D-11/03/81. S-21/04/83. D-18/04/85

Age of wife at last birth: 40

Marriage: 1879-1901

Husband: Age 33. DR. OF MEDICINE. Father: HOUSE PROPRIETOR.
Wife: Age 31. Father: MINISTER
Children: 4. S-22/01/80. S-25/06/84 (DIED 12/05/85). S-12/12/85. D-15/12/88
Age of wife at last birth: 40

Marriage: 1877-1901
Husband: Age 42. ARCHITECT. Father: ARCHITECT.
Wife: Age 35. Father: TEACHER
Children: 5. S-25/05/78 (DIED 23/02/96). S-29/07/79. D-18/05/81. D-13/11/82.
D-24/07/85
Age of wife at last birth: 43

Marriage: 1877-1901
Husband: Age 30. MINISTER. Father: MINISTER.
Wife: Age 31. Father: WRITER TO THE SIGNET
Children: 5. S-15/08/78. S-13/09/79 (DIED 28/09/81). S-1/03/81. S-7/12/82. S-
2/05/85
Age of wife at last birth: 39

Marriage: 1877-1901
Husband: Age 39. ADVOCATE. Father: MINISTER.
Wife: Age 35. Father: LORD JUSTICE CLERK OF SCOTLAND
Children: 5. S-6/07/78. S-21/09/81. S-31/10/82. S-26/03/84. D-8/09/85
Age of wife at last birth: 45

Marriage: 1877-1896
Husband: Age 41. WRITER TO THE SIGNET. Father: WRITER TO THE
SIGNET.
Wife: Age 27. Father: DR. OF MEDICINE
Children: 5. S-25/05/78. D-7/08/80. S-25/05/84. S-15/06/87. D-17/05/94
Age of wife at last birth: 44

Marriage: 1879-1901
Husband: Age 41. MINISTER. Father: CLOTH DRESSER.
Wife: Age 19. Father: DEPUTE CITY CLERK
Children: 5. S-9/10/80. D-20/04/83. D-8/06/85. D-6/04/87. D-8/01/93
Age of wife at last birth: 42

Marriage: 1879-1901
Husband: Age 21. ARCHITECT. Father: CARTER.
Wife: Age 18. Father: WINE MERCHANT
Children: 5. S-21/03/80. S-14/03/82 (DIED 13/12/97). D-3/04/86. S-24/03/91.
D-7/06/1901
Age of wife at last birth: 40

Marriage: 1880-1901

Husband: Age 25. SOLICITOR. Father: SHIPOWNER.

Wife: Age 23. Father: WHOLESALE PROVISION MERCHANT

Children: 5. S-30/06/82. S-1/10/83. S-25/04/85. S-13/12/87. D-15/05/93

Age of wife at last birth: 36

Marriage: 1880-1896

Husband: Age 25. DIVINITY STUDENT. Father: BOOKBINDER.

Wife: Age 23. Father: CLOTHIER

Children: 5. S-31/03/81. D-29/12/83. D-29/01/86. S-14/08/90. D-14/08/90

Age of wife at last birth: 33

Marriage: 1880-1901

Husband: Age 27. TEACHER. Father: PRINTER.

Wife: Age 24. Father: GROCER

Children: 5. S-15/07/81. S-29/05/83. D-29/05/85. S-3/04/87. S-5/12/89

Age of wife at last birth: 32

Marriage: 1881-1901

Husband: Age 32. S.S.C.. Father: MANAGER OF A WOOLEN MILL.

Wife: Age 30. GOVERNESS. Father: LANDED PROPRIETOR

Children: 5. S-12/12/81. S-3/01/83. S-9/02/84. S-16/04/86 (DIED 17/12/89). S-10/10/87

Age of wife at last birth: 36

Marriage: 1877-1901

Husband: Age 31. TEACHER. Father: CLERK.

Wife: Age 26. Father: MARINE ENGINEER

Children: 5. S-7/05/78. S-11/11/79. S-29/11/81. S-24/10/84. D-31/05/88

Age of wife at last birth: 37

Marriage: 1880-1901

Husband: Age 31. ADVOCATE. Father: DEAN OF FACULTY OF ADVOCATES.

Wife: Age 19. Father: S.S.C.

Children: 6. S-30/05/81. D-20/03/83. S-4/09/85. D-26/10/86. D-26/01/89. S-6/04/91

Age of wife at last birth: 30

Marriage: 1877-1901

Husband: Age 36. WRITER TO THE SIGNET. Father: BANK AGENT.

Wife: Age 25. Father: INSURANCE MANAGER

Children: 6. S-13/12/79. S-6/04/82. S-11/08/84 (DIED 28/03/90). S-14/02/87.

D-24/06/89. S-27/07/92
Age of wife at last birth: 40

Marriage: 1878-1901
Husband: Age 29. SOLICITOR. Father: COMMERCIAL TRAVELLER.
Wife: Age 27. Father: PAPER ENAMELLER
Children: 6. D-30/07/79. D-29/12/80. S-9/12/82. D-25/11/85. S-5/03/89. D-3/01/92 (DIED 5/01/92).
Age of wife at last birth: 41

Marriage: 1878-1900
Husband: Age 37. DR. OF MEDICINE. Father: WATCHMAKER.
Wife: Age 25. Father: PUBLISHER
Children: 6. D-21/05/79. D-9/07/80. D-18/12/81. 3/09/84. S-26/10/86. 1/10/88
Age of wife at last birth: 35

Marriage: 1878-1901
Husband: Age 23. SOLICITOR. Father: SOLICITOR.
Wife: Age 27. Father: CHIEF CLERK, CROWN OFFICE
Children: 6. S-28/06/79. S-13/10/80. D-2/12/82. S-24/05/84. D-9/07/87. D-26/02/89
Age of wife at last birth: 38

Marriage: 1880-1901
Husband: Age 36. WRITER. Father: FARMER.
Wife: Age 24. Father: SCULPTOR
Children: 6. S-27/02/81 (DIED 21/11/81). S-16/08/82. S-5/08/85. S-19/10/87. D-9/02/92. S-14/11/97
Age of wife at last birth: 41

Marriage: 1879-1901
Husband: Age 27. WRITER TO THE SIGNET. Father: SOLICITOR.
Wife: Age 21. Father: CHARTERED ACCOUNTANT
Children: 6. D-20/02/80. S-11/12/81 (DIED 21/10/82). D-6/01/84 (DIED 6/01/84).
D-28/11/85. S-6/10/87. D-25/04/91
Age of wife at last birth: 33

Marriage: 1880-1901
Husband: Age 35. MINISTER (U.P.C.). Father: MERCHANT.
Wife: Age 26. Father: INSPECTOR OF STAMPS AND TAXES
Children: 7. S-27/10/80. S-27/10/80. S-16/11/84. S-10/11/86. S-30/04/88 (DIED 3/05/88). S-21/06/89. S-12/11/90
Age of wife at last birth: 36

Marriage: 1878-1901

Husband: Age 25. MINISTER. Father: MINISTER, D.D..

Wife: Age 25. Father: TREASURER OF HERIOTS HOSPITAL

Children: 7. D-16/08/79. S-27/11/81. S-28/07/83. S-30/06/85. S-30/10/86. S-16/06/89. D-10/03/93

Age of wife at last birth: 40

Marriage: 1879-1901

Husband: Age 29. DR. OF MEDICINE. Father: FARMER.

Wife: Age 22. Father: MILL OWNER

Children: 7. D-1/05/80. (DIED 3/05/80). D-28/08/81. D-18/10/83. D-1/03/86. S-14/06/88. S-22/11/89. D-12/08/92

Age of wife at last birth: 35

Marriage: 1878-1901

Husband: Age 24. DENTIST. Father: GENT'S SICK NURSE.

Wife: Age 22. Father: MASON

Children: 7. S-20/01/79. D-29/02/80. S-11/01/82. D-16/10/83. S-3/11/84. S-13/05/89.

D-8/07/92

Age of wife at last birth: 36

Marriage: 1878-1901

Husband: Age 30. ACCOUNTANT. Father: GROOM.

Wife: Age 23. Father: BUTLER

Children: 8. D-26/12/79. D-23/09/82. D-17/06/84. D-23/08/86. S-11/09/88. S-6/05/90. D-8/08/93. S-28/08/95

Age of wife at last birth: 40